FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000000125 (1)

LRC OF ST. LUCIE COUNTY, INC.

Mailing Address Principal Place of Business

FILED Feb 09 1998 8:00am Secretary of State



9803 S OCEAN DR 9803 8 OCEAN DR JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1994 2. Principal Place of Business Applied For 2a, Mailing Address 4. FEI Number 65-0567815 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 **Trust Fund Contribution** Added to Fees Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCARTHY, TERENCE P 2081 E. OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34996 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE LUNDSTROM, DAN NAME 1.2 NAME SP2E034 9803 S OCEAN DR STREET ADDRESS 1.3 STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Addition 2.1 TITLE TITLE REIMER, JEFF 2.2 NAME NAME 9803 S OCEAN DR 2.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition CHRIST, MIKE NAME 3.2 NAME 9803 S OCEAN DR 3.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual apport or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the concertaint or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE:

Pres

29 Pr

561-229-1300