

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

|                                                    |                                                                                   |                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # P96000042326 (4)**  
 1. Corporation Name  
**ST. DENIS PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

|                                                                              |                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>8243 S. US I<br>PORT ST. LUCIE FL 34952<br>US | Mailing Address<br>8243 S US I<br>PORT ST. LUCIE FL 34952<br>US |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/17/1996</b>                                                                                                                  |
| 4. FEI Number<br><b>65-0671891</b>                                                                                                                                      |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                             |                                                              |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 2. Principal Place of Business<br>21 <b>10634 South U.S. Hwy Ave</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>same</b><br>Suite, Apt. #, etc. |
| 22 City & State<br>23 <b>Port St. Lucie FL</b>                                              | 27 City & State                                              |
| 24 Zip <b>34952</b> 25 Country                                                              | 28 Zip 29 Country 30                                         |

9. Name and Address of Current Registered Agent  
**TADDEO, DANIEL J**  
**8243 S. US I**  
**PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

|                                                                                     |
|-------------------------------------------------------------------------------------|
| 81 Name <b>Michael Maliszewski</b>                                                  |
| 82 Street Address (P.O. Box Number is Not Acceptable) <b>215 S. Federal Highway</b> |
| 83 <b>Suite 100</b>                                                                 |
| 84 City <b>Stuart</b> FL 85 Zip Code <b>34994</b>                                   |

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 Michael Maliszewski **Michael Maliszewski** **2-4-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PSD               | <input type="checkbox"/> DELETE |
| NAME           | TADDEO, DANIEL J  |                                 |
| STREET ADDRESS | 8243 S US I       |                                 |
| CITY-ST-ZIP    | PORT ST. LUCIE FL |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>10634 South U.S. Hwy Ave</b>                                              |
| 1.3 STREET ADDRESS | <b>Port St. Lucie, FL 34952</b>                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I hereby certify that the information supplied with this filing 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 report or supplemental 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 corporation 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 if changed, or on an attachment with an address

SIGNATURE: Daniel J Taddeo **DANIEL J TADDEO** **2-4-98** **387-2390**

CR2E034 (10/97)