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061201

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042326

1. Corporation Name
ST. DENIS PROPERTIES, INC.

FILED
99 JAN 11 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 10634 SOUTH US 1, PORT ST. LUCIE FL 34952, US

Mailing Address: 10634 SOUTH US 1, PORT ST. LUCIE FL 34952, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1996

4. FEI Number: 65-0671891

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MICHAEL MALISZEWSKI
215 S FEDERAL HWY #100
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Glyndolyn Hepworth

82 Street Address (P.O. Box Number is Not Acceptable): 10634 South US 1

83

84 City: Port St. Lucie, FL 85 Zip Code: 34952

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: Glyndolyn Hepworth (Typed) / Glyndolyn Hepworth (Handwritten) 1/6/99

12. OFFICERS AND DIRECTORS

1.1 TITLE: PSD, NAME: TADDEO, DANIEL J, STREET ADDRESS: 10634 S US HWY ONE, CITY-ST-ZIP: PT ST LUCIE FL 34952

1.2 NAME: [Blank], 1.3 STREET ADDRESS: [Blank], 1.4 CITY-ST-ZIP: [Blank]

1.5 NAME: [Blank], 1.6 STREET ADDRESS: [Blank], 1.7 CITY-ST-ZIP: [Blank]

1.8 NAME: [Blank], 1.9 STREET ADDRESS: [Blank], 2.0 CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE: PD, NAME: Glyndolyn Hepworth, STREET ADDRESS: 10634 South US 1, CITY-ST-ZIP: Port St. Lucie, FL 34952

2.2 NAME: Robert L. Golden, 2.3 STREET ADDRESS: 1410 SE Santurce Rd, 2.4 CITY-ST-ZIP: Port St. Lucie, FL 34952

2.5 TITLE: [Blank], 2.6 NAME: [Blank], 2.7 STREET ADDRESS: [Blank], 2.8 CITY-ST-ZIP: [Blank]

2.9 TITLE: [Blank], 2.10 NAME: [Blank], 2.11 STREET ADDRESS: [Blank], 2.12 CITY-ST-ZIP: [Blank]

2.13 TITLE: [Blank], 2.14 NAME: [Blank], 2.15 STREET ADDRESS: [Blank], 2.16 CITY-ST-ZIP: [Blank]

2.17 TITLE: [Blank], 2.18 NAME: [Blank], 2.19 STREET ADDRESS: [Blank], 2.20 CITY-ST-ZIP: [Blank]

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 with all other like empowered.

SIGNATURE: Glyndolyn Hepworth (Handwritten) 1/6/99 561-337-7964

CR2E034 (11/98)