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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P97000038322
Corporation Name	P9/000030322

Country

ST. LUCIE PLAZA, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

	<u>-</u>	_
Principal Place of Business	Mailing Address	
one Brightwood Ln. Bedminster nj 07921	ONE BRIGHTWOOD LN. BEDMINSTER NJ 07921	

26

27

28

2a. Mailing Address

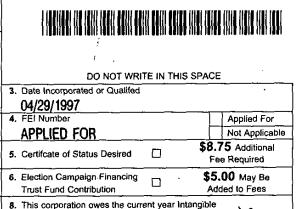
City & State

Zip

Suite, Apt. #, etc.

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90015 012 \*\*\*150.00



25	29	30		Personal Pro	perty Tax.	☐Yes
9. Name and Address of Current Registered Agent				10. Name and A	Address of New Reg	istered Agent
HITE, JOSEPH 704 ANITA STREET FORT PIERCE FL 34982			81	Name	,	
			82	Street Address (P.O. Box Num	per is Not Acceptable	)
			83			
			84	City		85

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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12
TITLE	DP DELETE	1.1 TITLE		Change	Addition
NAME	MARTINO, FRANK	1.2 NAME			
STREET ADDRESS	ONE BRIGHTWOOD LN.	1.3 STREET ADDRESS			
CITY-ST-ZIP	BEDMINSTER NJ 07921	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	}		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			·
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
OFFY ST ZIP		5.4 CITY-ST-ZIP			
INLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
		. 6.2 NAME			
ADDRESS		6.3 STREET ADDRESS			
··· st-zip		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 path; 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.

MATURE: STLUCIE PRAZAUTRICREQUIRED

1499

708-781-1066

Daytime Phone #

(06/11) ±00371

JΝο

Zip Code