

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90095 045 ***150.00

DOCUMENT # P97000099421

1. Corporation Name

ST LUCIE REALTY, INC.

Principal Place of Business

**1902 SE BURGUNDY
751 SW MACEDO BLVD
PSL FL 34952
US**

Mailing Address

**1902 SE BURGUNDY
751 SW MACEDO BLVD
PSL FL 34952
US**

2. Principal Place of Business

2a. Mailing Address

21 1902 SE Burgundy Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port St Lucie, FL

City & State

28 Port St Lucie, FL

Zip Country

24 34952 25 St Lucie

Zip Country

29 34952 30 St Lucie

9. Name and Address of Current Registered Agent

**GIOVANNONI, NANCY
751 SW MACEDO BLVD
PORT ST LUCIE FL 34983**

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0792034

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NANCY GIOVANNONI

82 Street Address (P.O. Box Number is Not Acceptable)

1902 SE Burgundy Lane

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

Nancy Giovanni

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
GIOVANNONI, NANCY
1902 SE BURGUNDY
PSL FL 34952**

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Nancy Giovanni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

561-398-4242

Daytime Phone #

CR2E034 (11/98)