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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846363

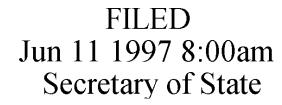
(0)

SUNBELT PROPERTIES OF SOUTH CAROLINA, INC:

Principal Place of Business

Mailing Address

403 WOODS LAKE ROAD. SUITE 204 GREENVILLE SC 29607-2752 % ELLIOTT DAVIS & COLLP P.O. BOX 6296 GREENVILLE SC 29606-6286





			GREENVILI	LE SC 29806-62	186									
								3	Date Inc. 06/26/		or Qualified		ate of Last /29/199 (
2. Principal Pi	lac e of Busin	2a. Mailing Address					4	l. FEI Num			· · · · · · · · · · · · · · · · · · ·		Applied For	
21			26						57-0685359				<u> </u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5	i. Certifica	te of Stalu	s Desired		T - · · · -	Additional
22			27										Fee	Required
City & State			City & State					6			Financing			O May Be
23		0	28		·					nd Contrib				d to Fees
Zip	ŀ	Country	Zip			untry		6			as liability for		tax under No	s. 199.032,
24		25 and Address of Curre	29 nt Registered A	nani	30	Т			Florida S		ss of New R	Yes		<i>-</i>
Name and Address of Current Registered Agent CT CORPORATION SYSTEM							10. Name and Address of New Registered Agent Name							
1200 S. PINE ISLAND ROAD														
	NTATION F		B2 3			Street A	et Address (P.O. Box Number is Not Acceptable)							
, ,,,	utinitoit t	£ 000E1												
						83								
						84	City					FL	85 Zij	p Code
11. Pursuant	to the provisi	ons of Sections 607 050	02 and 607 1508	Florida Statut	as the e	LL.L above	e-named	d corporati	on submits	this state	ment for the		. L.	its registered
office or r	egi ster ed ag	ons of Sections 607.050 ent, or both, in the State th, and accept the oblig	of Florida Such	change was a	authorize	ed by	the corp	poration's	board of c	lirectors. I	hereby acce	ept the app	ointment a	as registered
_	III fariiiiar wi	in, and accept the oblig	Janons or, Sectio	1 607.0505, FR	JIIGA SIA	แนเอะ	5.							
SIGNATURE	Signature, typed	or printed name of registered ag	ent and lite if applicab	lo (NO1	E Registere	ed Age	nt signature i	e required who	on reinstating)			DATE		
12.		OFFICERS AN	ID DIRECTORS		13.			··			ES TO OFF	CERS AND	DRECTO	ORS IN 12
TITLE	SD			DELETE	1,1]	ΠLE	Ī	VICE	Pre	olden	7		Change	Addition
NAME		ver, Zelma L.			1.2 N	IAME		wag	gone	4, K	cou	Ķ		<i>'</i>
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CITY-ST-ZIP	NAPLES	FL			1.4 (CITY-S		∣Colu	יולוממ	a , 50	- 292	23		
TITLE	PD	(DD DALLAS D		☐ DELETE	2.1 T	THE	1		Pres				Change	Addition
NAME		NER, DONALD F.			2.2 N	IAME		Ant	nony	عا ر	Lmy J	<u> </u>		
STREET ADDRESS		S'S TOWN DRIVE			235	TREET	ADDRESS	1105	Sua	or 1	4111'C	7		Į
CITY-ST-ZIP	NAPLES	<u></u>					ST - 71P	Gre	er,	SC_	296	<u>50</u>		
TITLE	TD	MEDIEV		DELFTE	317								Change	e L Addition
NAMÉ		Wesley Kins Circle				IAM(
STREET ADDRESS	TAYLORS						ADDRESS							
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NAME						IAME							J.III.Igi	
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP						CITY-S	1	1						ļ
UNIT DI LETT					■ 04 U	11 T O	11.510	1						1

4. Ido 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

CICALATURE.

grand of Waggoner Danald & Waggoner 5/29/97 987-000