

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K26952** (7)

1. Corporation Name
SUNBELT MANAGEMENT COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business % SHEPHERD D. JOHNSTON 220 CONGRESS PARK DRIVE, SUITE 215 DELRAY BEACH FL 33445	Mailing Address % SHEPHERD D. JOHNSTON 220 CONGRESS PARK DRIVE, SUITE 215 DELRAY BEACH FL 33445
---	---

3. Date Incorporated or Qualified 06/23/1988	3a. Date of Last Report 02/22/1994
4. FEI Number 65-0055655	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DRIVE
SUITE 215
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	MANN, HUGO 220 CONGRESS PK DR 215 DELRAY BCH. FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	JOHNSTON, SHEPHERD D. 17 PELICAN ISLE FT LAUDERDALE FL	2.1 TITLE VP, P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCO	SPEAR, JOHN M. 8606 RODEO DR. LAKE WORTH FL	3.1 TITLE VP, S <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	SIMONS, JOHN E. <i>Delete</i> 602 NW 1 AVE DELRAY BCH FL	4.1 TITLE <i>Delete</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AVG	FALVEY, STEPHEN T. 23249 LAGO MAR CIRCLE BOCA RATON FL	5.1 TITLE AVG, AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	MANN, JOHANNES 220 CONGRESS PK DR #215 DELRAY BCH. FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>AS 6/12</i>

14. I (do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this 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 and 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 *407-265-1310*

K26952

(2)

Addendum to 12. - Additions:

**Director
Hans-Heinrich Firnges
220 Congress Pk Dr, #215
Delray Beach, FL 33445**

**Senior Vice President
Raymond G. Gardner
2608 N.E. 27th Terrace
Fort Lauderdale, FL 33306**

formataddenfl.bh