

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26952** (7)

1. Corporation Name
SUNBELT MANAGEMENT COMPANY



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: **05/01/1995**

4. FEI Number: **65-0055655** 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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 []

22 Suite, Apt. #, etc.: [] 27 Suite, Apt. #, etc.: []

23 City & State: [] 28 City & State: []

24 Zip: [] 25 Country: [] 29 Zip: [] 30 Country: []

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: [] 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MANN, HUGO		1.2 NAME: Keating, Melvin L.	
STREET ADDRESS: 220 CONGRESS PK DR 215		1.3 STREET ADDRESS: 5509 N Military Tr, #516	
CITY-ST-ZIP: DELRAY BEACH FL		1.4 CITY-ST-ZIP: Boca Raton, FL 33496	
TITLE: VCPD	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSTON, SHEPHERD D.		2.2 NAME: Johnston, Shepherd D.	
STREET ADDRESS: 17 PELICAN ISLE		2.3 STREET ADDRESS: 17 Pelican Isle	
CITY-ST-ZIP: FT LAUDERDALE FL		2.4 CITY-ST-ZIP: Ft Lauderdale, FL 33301	
TITLE: VPTS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SPEAR, JOHN M.		3.2 NAME: Gardner, Raymond G.	
STREET ADDRESS: 8606 RODEO DR.		3.3 STREET ADDRESS: 2608 NE 27th Ter	
CITY-ST-ZIP: LAKE WORTH FL		3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33306	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FIRNGES, HANS-HEINRICH		4.2 NAME: Spear, John M.	
STREET ADDRESS: 220 CONGRESS PK DR #215		4.3 STREET ADDRESS: 8606 Roleo Dr	
CITY-ST-ZIP: DELRAY BEACH FL		4.4 CITY-ST-ZIP: Lake Worth, FL 33467	
TITLE: AVAS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FALVEY, STEPHEN T.		5.2 NAME: []	
STREET ADDRESS: 23249 LAGO MAR CIRCLE		5.3 STREET ADDRESS: []	
CITY-ST-ZIP: BOCA RATON FL		5.4 CITY-ST-ZIP: []	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MANN, JOHANNES		6.2 NAME: []	
STREET ADDRESS: 220 CONGRESS PK DR #215		6.3 STREET ADDRESS: []	
CITY-ST-ZIP: DELRAY BEACH FL		6.4 CITY-ST-ZIP: []	

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 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, unchanged, or on an attachment with an address.

SIGNATURE: _____ 4/12/96 407-265-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)