

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 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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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 _____ (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)