

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/23/1988	
4. FEI Number 65-0055655	Applied For <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANN, HUGO	
STREET ADDRESS	220 CONGRESS PK DR 215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VCPD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, SHEPHERD D.	
STREET ADDRESS	17 PELICAN ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEATING, MELVIN L	
STREET ADDRESS	5509 N MILITARY TRAIL STE 516	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIRNGES, HANS-HEINRICH	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPEAR, JOHN M	
STREET ADDRESS	8806 RODEO DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANN, JOHANNES	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD M. REEVES	
1.3 STREET ADDRESS	5597 PACIFIC BLVD, APT 3401	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VCD	
2.2 NAME	JOHNSTON, SHEPHERD D.	
2.3 STREET ADDRESS	17 PELICAN ISLE	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____

3-26-98

CR2E034 (10/97)