

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 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country
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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
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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	NAME MANN, HUGO	1.1 TITLE P D	1.2 NAME RICHARD M. REEVES
STREET ADDRESS 220 CONGRESS PK DR 215	CITY-ST-ZIP DELRAY BEACH FL	1.3 STREET ADDRESS 5597 PACIFIC BLVD, APT 3401	1.4 CITY-ST-ZIP BOCA RATON, FL 33433
TITLE VCPD	NAME JOHNSTON, SHEPHERD D.	2.1 TITLE VCD	2.2 NAME JOHNSTON, SHEPHERD D.
STREET ADDRESS 17 PELICAN ISLE	CITY-ST-ZIP FT LAUDERDALE FL	2.3 STREET ADDRESS 17 PELICAN ISLE	2.4 CITY-ST-ZIP Fort Lauderdale, FL
TITLE PD	NAME KEATING, MELVIN L	3.1 TITLE	3.2 NAME
STREET ADDRESS 5509 N MILITARY TRAIL STE 516	CITY-ST-ZIP BOCA RATON FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE D	NAME FIRNGES, HANS-HEINRICH	4.1 TITLE	4.2 NAME
STREET ADDRESS 220 CONGRESS PK DR #215	CITY-ST-ZIP DELRAY BEACH FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE S	NAME SPEAR, JOHN M	5.1 TITLE	5.2 NAME
STREET ADDRESS 8806 RODEO DR	CITY-ST-ZIP LAKE WORTH FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME MANN, JOHANNES	6.1 TITLE	6.2 NAME
STREET ADDRESS 220 CONGRESS PK DR #215	CITY-ST-ZIP DELRAY BEACH FL	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)