

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 # **M17386** (7)

1. Corporation Name
SUNBELT CORPORATE CENTER II, INC.



Principal Place of Business: **220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US**
Mailing Address: **220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445 US**

3. Date Incorporated or Qualified: **06/27/1985**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2547124**
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
23. City & State: 28
24. Zip: 29
25. Country: 30

9. Name and Address of Current Registered Agent
**JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DR., STE 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	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MANN, HUGO	
STREET ADDRESS: 220 CONGRESS PK DR #215	
CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: VST	<input type="checkbox"/> DELETE
NAME: SPEAR, JOHN M.	
STREET ADDRESS: 220 CONGRESS PK DR #215	
CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: SVP	<input checked="" type="checkbox"/> DELETE
NAME: SIMONS, JOHN E.	
STREET ADDRESS: 220 CONGRESS PK DR #215	
CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: VCP D	<input type="checkbox"/> DELETE
NAME: JOHNSTON, SHEPHERD D.	
STREET ADDRESS: 220 CONGRESS PK DR #215	
CITY-ST-ZIP: DELRAY BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: FIRNGES, HANS	
STREET ADDRESS: 220 CONGRESS PK DR #215	
CITY-ST-ZIP: DELRAY BCH. FL	
TITLE: VS	<input type="checkbox"/> DELETE
NAME: FALVEY, STEPHEN J.	
STREET ADDRESS: 23249 LAGO MAR CIRCLE	
CITY-ST-ZIP: BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Keating, Melvin L.	
1.3 STREET ADDRESS: 5509 N Military Tr, #516	
1.4 CITY-ST-ZIP: Boca Raton, FL 33496	
2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Johnston, Shepherd D.	
2.3 STREET ADDRESS: 220 Congress Park Dr, #215	
2.4 CITY-ST-ZIP: Delray Beach, FL 33445	
3.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Falvey, Stephen T.	
3.3 STREET ADDRESS: 220 Congress Park Dr, #215	
3.4 CITY-ST-ZIP: Delray Beach, FL 33445	
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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/12/96** 407-2654300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)