

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

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**Feb 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # M17386 (7)**

1. Corporation Name  
**SUNBELT CORPORATE CENTER II, INC.**



Principal Place of Business <b>220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US</b>	Mailing Address <b>220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445-4805 US</b>
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3. Date Incorporated or Qualified <b>06/27/1985</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2547124</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHNSTON, SHEPHERD D. 220 CONGRESS PARK DR., STE 215 DELRAY BEACH FL 33445</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANN, HUGO</b>	1.2 NAME	<b>Johannes Mann</b>
STREET ADDRESS	<b>220 CONGRESS PK DR #215</b>	1.3 STREET ADDRESS	<b>220 Congress Park Dr, #215</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSTON, SHEPHERD D</b>	2.2 NAME	<b>Melvin L. Keating</b>
STREET ADDRESS	<b>220 CONGRESS PARK DR 215</b>	2.3 STREET ADDRESS	<b>220 Congress Park Dr, #215</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Sec, SVP, Tr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FALVEY, STEPHEN T</b>	3.2 NAME	<b>John M. Spear</b>
STREET ADDRESS	<b>220 CONGRESS PK DR #215</b>	3.3 STREET ADDRESS	<b>220 Congress Park Dr, #215</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>
TITLE	<b>VCP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, SHEPHERD D.</b>	4.2 NAME	
STREET ADDRESS	<b>220 CONGRESS PK DR #215</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIRNGES, HANS</b>	5.2 NAME	
STREET ADDRESS	<b>220 CONGRESS PK DR #215</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALVEY, STEPHEN J.</b>	6.2 NAME	
STREET ADDRESS	<b>23249 LAGO MAR CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ DATE: **2-7-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)