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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US	220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2547124 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MANN, HUGO		1.2 NAME	RICHARD M. REEVES	
STREET ADDRESS	220 CONGRESS PK DR #215		1.3 STREET ADDRESS	5597 PACIFIC BLVD, APT 3401	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, SHEPHERD D		2.2 NAME		
STREET ADDRESS	220 CONGRESS PARK DR 215		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	TS Sr V	☐ Change ☒ Addition
NAME	FALVEY, STEPHEN T		3.2 NAME	JOHN M. SPEAR	
STREET ADDRESS	220 CONGRESS PK DR #215		3.3 STREET ADDRESS	220 CONGRESS PARK DR, #215	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VCP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, SHEPHERD D.		4.2 NAME		
STREET ADDRESS	220 CONGRESS PK DR #215		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FIRNGES, HANS		5.2 NAME		
STREET ADDRESS	220 CONGRESS PK DR #215		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		5.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FALVEY, STEPHEN J.		6.2 NAME		
STREET ADDRESS	23249 LAGO MAR CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ 3-16-98