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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M17386**

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **06/27/1985**
 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 the current year Intangible Personal Property Tax. () 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD <input type="checkbox"/> DELETE
NAME	JOHNSTON, SHEPHERD D
STREET ADDRESS	220 CONGRESS PARK DR 215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	FALVEY, STEPHEN T
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VCP <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	Mann, Johannes
1.3 STREET ADDRESS	220 Congress Park Dr #215
1.4 CITY-ST-ZIP	Delray Beach, FL 33445
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reeves, Richard M.
2.3 STREET ADDRESS	220 Congress Park Dr, #215
2.4 CITY-ST-ZIP	Delray Beach, FL 33445
3.1 TITLE	S, T, SRVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spear, John M.
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 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, with all other like empowered.

SIGNATURE: *Stephen T. Falvey* **STEPHEN T. FALVEY** 1/6/99 561-265-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)