

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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000028711 (7)**  
 1. Corporation Name  
**SUNTREE PROPERTIES, INC.**



Principal Place of Business <b>400 ST. ANDREWS BLVD MELBOURNE FL 32940</b>	Mailing Address <b>400 ST. ANDREWS BLVD MELBOURNE FL 32940-7501</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/12/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
21	22	26	27	4. FEI Number <b>59-3236560</b>	Applied For Not Applicable
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>IGO, MILES D</b> <b>400 ST. ANDREWS BLVD</b> <b>MELBOURNE FL 32940</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALEY, MYRA K</b>	1.2 NAME	
STREET ADDRESS	<b>557 SWEETWATER COURT</b>	1.3 STREET ADDRESS	<b>136 Lansing Island Drive</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALEY, JOHN D</b>	2.2 NAME	<b>Miles D. Igo</b>
STREET ADDRESS	<b>557 SWEETWATER COURT</b>	2.3 STREET ADDRESS	<b>649 Spring Lake Drive</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COCHRAN, WILLIAM G</b>	3.2 NAME	
STREET ADDRESS	<b>785 SHELL STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BENCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGO, MILES D</b>	4.2 NAME	
STREET ADDRESS	<b>649 SPRING LAKE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, EUGENE L</b>	5.2 NAME	
STREET ADDRESS	<b>6225 SUNSET LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William G. Cochran 4-15-97 407 242-6200

CR2E034 (9/96)