

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **F94000004693 (7)**
1. Corporation Name
SUNSTATES DEVELOPMENT CORPORATION OF NORTH CAROLINA



Principal Place of Business POST OFFICE BOX 1060 CORNELIUS NC 28031	Mailing Address POST OFFICE BOX 1060 CORNELIUS NC 28031-1060
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 04/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 56-1877474		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BELANGIA, WILLIAM R
123 HEARTH ROAD
FERNANDINA BEACH FL 32034**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, CYNTHIA H	12 NAME	
STREET ADDRESS	19519 WEAVERS CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	CORNELIUS NC	14 CITY-ST-ZIP	CORNELIUS, NC, 28031
TITLE	VP	15 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, JAMES R	16 NAME	
STREET ADDRESS	19519 WEAVERS CIRCLE	17 STREET ADDRESS	
CITY-ST-ZIP	CORNELIUS NC	18 CITY-ST-ZIP	28031
TITLE	SD	19 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, KRISTEN A	20 NAME	
STREET ADDRESS	19519 WEAVERS CIRCLE	21 STREET ADDRESS	
CITY-ST-ZIP	CORNELIUS NC	22 CITY-ST-ZIP	28031
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 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 in an attachment with an address.

SIGNATURE: *James R. Phillips* VICE PRESIDENT 4/27/97 (704) 892-3969

92E034 (9/96)