FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31925** **(1)**

1. Corporation Name
SUNBELT-DIX PROPERTIES CORP.

Principal Place of Business	Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US	5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/28/1990	04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1172 Park Ave	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York, NY	City & State 28
Zip / County 24 10128 / 25	Zip / County 29 / 30

4. FEI Number
59-2834387
☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8751 West Broward Blvd 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	PRICE, JAMES D.	12 NAME	
STREET ADDRESS	245 PARK AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	FORASTIERE, MICHAEL A.	22 NAME	
STREET ADDRESS	245 PARK AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	SCAIFE, WILLIAM O., JR.	32 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	32254
TITLE	AT	41 TITLE	☒ Change ☐ Addition
NAME	BRAGIN, D. H	42 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	32254
TITLE	~~ASV~~	51 TITLE	☒ Change ☐ Addition
NAME	~~RIPLEY, WAYNE E., JR.~~	52 NAME	
STREET ADDRESS	~~5050 EDGEWOOD COURT~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	MCCOOK, RICHARD P.	62 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	32254

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: D.H. Bragin 4/13/95 904/783-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000444 CP