

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

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AND
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pg. 1 of 2

97 JUL 30 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P33815**

(2)

1. Corporation Name
SUNBELT-DIX, INC.

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|--|---|
| Principal Place of Business C/O PRICE, JAMES D.-TWO PENN PLAZA SUITE 1585 NEW YORK NY 10121 US | Mailing Address C/O JAMES L. MACNEIL, COOPERS & LYBRAND 100 PEARL ST. HARTFORD CT 06103-4500 US |
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|--|--|
| 3. Date Incorporated or Qualified 05/03/1991 | 3a. Date of Last Report 02/13/1996 |
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|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 51-0335123 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 NAME STREET ADDRESS CITY-ST-ZIP | DT PRICE, JAMES D. 1172 PARK AVENUE NEW YORK NY <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SCAIFE, WILLIAM O., JR. 5050 EDGEWOOD COURT JACKSONVILLE FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | 100002257441-1 -08/05/97--01007--002 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTLER, SCOTT E. TWO PENN PLAZA, SUITE 1585 NEW YORK NY <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS PETERSON, R. D. 5050 EDGEWOOD COURT JACKSONVILLE FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

CR2E034 (9/96)

A. Alan
7/30/97

**Coopers
& Lybrand**

Coopers & Lybrand L.L.P.

a professional services firm

100 Pearl Street
Hartford, Connecticut
06103-4508

pg. 2 of 2
telephone (860) 241-7000
facsimile (860) 241-7590

July 21, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: 1997 Profit Corporation Annual Report
SUNBELT-DIX, INC.
Document #P33815(2)

Gentlemen:

Enclosed please find the above-mentioned filing, together with a check in the amount of \$165.00, representing the filing fee.

Per our telephone conversation with you today, inasmuch as we have only received this document for filing within the last two weeks, you have agreed to waive the late-filing fee in connection with this 1997 report. Therefore, we have enclosed our check for \$165.00.

Thank you for your assistance in this matter.

Very truly yours,



Harriet G. Martin

HGM/das
Enclosures