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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P33815 1. Corporation Name

SUNBELT-DIX, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90029 022 ***150.00



						{			
Principal Place	e of Business	Mailing Address							
C/O JAMES D.		COOPERS & LYBRAND C/O	DAVID	r. Sk	(IFF				
1 PENN PLAZA, STE 5114 NEW YORK NY 10119		100 PEARL STREET				DO NOT WRITE IN THIS SPACE			
US TORK NT	10119	HARTFORD CT 06103 US				3. Date Incorporated or Qualifed			
		••				05/03/1991			· ·
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For			Applied For
21		PRICEWATERHOUSECOOPERS			51-0335123			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27 100 Pearl Street			5. Certificate of Status Desired		Fee I	Required	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28 Hartford, CT			Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	_ Cou	intry		8. This corporation owes the curre			
24	25		0	US	SA	Personal Property Tax.	_	Yes	XEX-No
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New R	egistered A	lgent	
CORPORATION CERMON COMPANY					Name				
	PORATION SERVICE COMPANY HAYS STREET	82 Street Addr			Street Addres	ss (P.O. Box Number is Not Acceptal	ble)		
						and the second s		····	
IALL	AHASSEE FL 32301-2525			83					1
				84	City		FL	85 Zi	p Code
- 44 - 5	to the provisions of Sections 607.0502		thaa	h 0) (0	named corner	ration culturity this statement for the		hanging	ite ragistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized	i by ti	he corporation	's board of directors. I hereby accep	the appoin	tment as	registered
SIGNATURE		·							
	Signature, typed or printed name of registered agent		_	Agent	signature required w		DATE	DIDEO:	TODE IN 12
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Chang	
TITLE	DT AMEC D	☐ DELETE	1.1 TI					Chang	e
NAME	PRICE, JAMES D.		1.2 N						ļ
STREET ADDRESS	1172 PARK AVENUE		1		ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP	<u> </u>		Chang	e [] Addition
TITLE	_			TLE				Criang	o () Addition
NAME	SCAIFE, WILLAIAM O., JR.		2.2 N						1
STREET ADDRESS	5050 EDGEWOOD COURT				ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			ITY-ST	-ZIP			Chang	e Addition
TITLE	D CONT. ED COOTT E	☐ DELETE	3.1 TT					Criang	e
NAME	BUTLER, SCOTT E.		3.2 N/						- 1
STREET ADDRESS	TWO PENN PLAZA, SUITE 1585				ADDRESS				Ì
CITY-ST-ZIP	NEW YORK NY	C perere	_	TY-ST	-ZIP			Chara	e Addition
TITLE	AS DEFENSIVE DE	☐ DELETE	4.1 TT					Chang	e Notition
NAME	PETERSON, R. D.		4.2 N						1
STREET ADDRESS	5050 EDGEWOOD COURT		•		ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		-	TY-ST-	ZIP			П.С	- Addition
TITLE		☐ DELETE	5.1 TI		ļ			☐ Chang	e 🗌 Addition
NAME			5.2 N						1
STREET ADDRESS					ADDRESS				Į
CITY-\$T-ZIP			_	TY-\$T-	ZIP				
TITLE		☐ DELETE	6.1 TI					☐ Chang	e 🔲 Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 _. S1	REET	ADDRESS				}
CITY-ST-ZIP			6.4 CI	TY-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 inchanged, or on an attachment with an address, with all other like empowered. ged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR