

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

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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000028711

1. Corporation Name
SUNTREE PROPERTIES, INC.



Principal Place of Business 400 ST. ANDREWS BLVD MELBOURNE FL 32940	Mailing Address 400 ST. ANDREWS BLVD MELBOURNE FL 32940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/12/1994		4. FEI Number 59-3236560		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent

**IGO, MILES D
400 ST. ANDREWS BLVD
MELBOURNE FL 32940**

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

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	PD	1.1 TITLE	PTD
NAME	HALEY, MYRA K	1.2 NAME	
STREET ADDRESS	136 LANSING ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	IGO, MILES D	2.2 NAME	
STREET ADDRESS	649 SPRING LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	COCHRAN, WILLIAM G	3.2 NAME	
STREET ADDRESS	785 SHELL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BENCH FL	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	
NAME	IGO, MILES D	4.2 NAME	
STREET ADDRESS	649 SPRING LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	HENDERSON, EUGENE L	5.2 NAME	
STREET ADDRESS	6225 SUNSET LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William G. Cochran January 6, 1999 407 242-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)