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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054477 (2)

SUNBELT ASSETS GROUP, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business	Ma	iding Address			
2530 WEST BAY DRIVE	2!	530 WEST BAY DRIVE			
LARGO FL 94649-		ARGO FL 34849			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/22/1994
2. Principal Place of Business		Mailing Address			4. FEI Number Applied For
21 26		j , , , , , , , , , , , , , , , , , , ,			59-3399218 Not Applicat
Suite, ADI, W. Stc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23	28		1		Trust Fund Contribution
	Country	3 3770	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24]	29 Address of Current Regis		30		Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent
		acion rigorii	8	Name	10, Hallo and Hadded at the Hagnet at High
Borgersen, Wil 2530 W est Bay [-		
LARGO FL 94640- 33770			2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
ENUT LE 01010 - 35 1.10			8:	3	
					ag To Code
			84	City	FL 85 Zip Code
agent. I am familiar with, at SIGNATURE	or both, in the State of Floric nd accept the obligations of	, Section 607.0505, F	lorida Statute	es.	ration's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P		☐ DELETE	1.1 TITLE]	DIRECTOR LANGE Addit
HAME DORR, MICH			1.2 NAME		Borgersen, Wm C. 2530 West Bay Dr.
STREET ADDRESS 2530 WEST	BAY DR				2530 West Bay In.
CITY-ST-ZIP LARGO FL		T SELETE	1.4 CITY-		LARGO, FL 33770
TITLE		DELETE	2.1 TITLE		Citarige Ci your
NAME			2.2 NAME		
STREET ADDRESS				T ADDRESS	
CHY-ST-ZIP TITLE		DELETE	2.4 CITY 3.1 TITLE	- 51 - 21	Change Addit
NAME			3.2 NAME	:	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		DELETE	4.1 TITLE		Change Addit
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STREI	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST - ZIP	
TITLE		DELETE	5.1 TITLE		Change Addit
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREI	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE	1	Change Addit
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	A state of the state of the state of the state of	ling done not a selle.	6.4 CITY-		in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual re officer or director of the co Block 12 or Block 13 if cha	port or supplied with this f port or supplemental tinnua rporation or the receiver or t inged for on an attachment	ining does not qualify report is true and ac rustee empowered to with an address.	curate and to execute this	hat my sign: s report as re	an Section 1907(3)(f), Forda Statutes, Trurnel Cettiy that the information about the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in