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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>995000044428</u> 1. Corporation Name <u>SUNTRUST SOUTH INC.</u>			
Principal Place of Business <u>5485A. S. O.B.T.</u> <u>ORLANDO, FL 32839</u>		Mailing Address <u>P.O. Box 952365</u> <u>LAKE MARY, FL 32795</u>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
3. Date Incorporated or Qualified <u>6/8/95</u>		3a. Date of Last Report <u>MAY 1996</u>	
4. FEI Number <u>59-3341371</u>		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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>VAHIO R. RAJABIAN</u> <u>233 MORNING GLORY DR.</u> <u>LAKE MARY, FL 32746</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 <u>Vahio R. Rajabian</u> DATE			
12. OFFICERS AND DIRECTORS TITLE <u>PRESIDENT</u> <input type="checkbox"/> DELETE NAME <u>VAHIO R. RAJABIAN</u> STREET ADDRESS <u>233 MORNING GLORY DR.</u> CITY-STATE-ZIP <u>LAKE MARY FL 32746</u> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME <u>200002192132--3</u> 1.3 STREET ADDRESS <u>-05/27/97--01122--009</u> 1.4 CITY-STATE-ZIP <u>*****165.00 *****165.00</u> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
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: <u>Vahio R. Rajabian</u> 5/26/97 (407)324-4441 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)