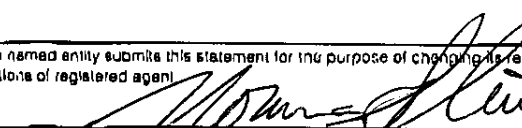
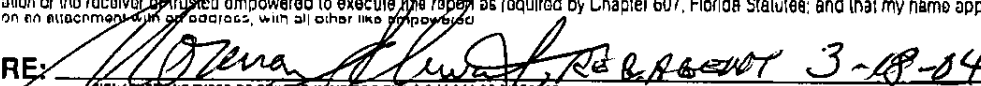


FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90030 015 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000033127			
1. Entity Name SUNBELT INVESTMENT PROPERTIES, INC.			
Principal Place of Business 618 SW 3 AVE FORT LAUDERDALE, FL 33315 US		Mailing Address 1600 SE 9ST FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business 3200 S. Andrews Ave		3. Mailing Address	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State Fort Lauderdale		City & State	
Zip 33316		Country	
6. Name and Address of Current Registered Agent SCHWARTZ, NORMAN 618 SW THIRD AVENUE FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Norman Schwartz Street Address (P.O. Box Number is Not Acceptable) 3200 S. Andrews Ave #104 City Fort Lauderdale FL Zip Code 33316	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 			
Signature of agent or authorized officer of registered agent and not a registrant. (NOTE: Authorized agent signature required when registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FREED, GERALD E 618 SW THIRD AVENUE FORT LAUDERDALE, FL 33315 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Richard J. Robbie ☒ Change ☐ Addition 3200 S. Andrews Ave #104 Fort Lauderdale FL 33316
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHWARTZ, NORMAN 1600 SE 9ST FORT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like information.			
SIGNATURE:  3-18-04 954-8322			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011			

94035236



03172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0666800 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required