Mar-17-04 02:16pm From-FIULTD +954 332 9

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Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90030 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94035236

DOCUMENT # P96000033127

1. Entity Name
SUNBELT INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
618 SW 3 AVE FORT LAUDERDALE, FL 33315 US	1600 SE 9ST FORT LAUDERDALE, FL 33316 US

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3200 S. Andrews Ave	
Suite, Apt. #, etc. 104	Suite, Apt. #, etc.
City & State Fort Lauderdale	City & State
Zip 33316 Country	Zip Country

4. FEI Number 65-0666800 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARTZ, NORMAN 618 SW THIRD AVENUE FORT LAUDERDALE, FL 33315	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 _____ DATE
Signature of current or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P Richard J. Robbie 3200 S. Andrews Ave # 104 Ft. Lauderdale FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, NORMAN 1600 SE 9ST FORT LAUDERDALE, FL 33316	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 this 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 with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT 3-18-04 954-832-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #