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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:31

DOCUMENT # **M17386** (7)

1. Corporation Name
SUNBELT CORPORATE CENTER II, INC.

Principal Place of Business	Mailing Address
220 CONGRESS PARK DR., STE 215 PO BOX 10 DELRAY BEACH FL 33447-7010	220 CONGRESS PARK DR., STE 215 PO BOX 10 DELRAY BEACH FL 33447-7010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/27/1985	3a. Date of Last Report 02/23/1994
4. FEI Number 59-2547124	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 220 Congress Pk Dr	26 220 Congress Pk Dr
Suite, Apt. #, etc. 22 215	Suite, Apt. #, etc. 27 215
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip 24 33445	Country 25 USA
Zip 29 33445	Country 30 USA

9. Name and Address of Current Registered Agent

JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DR., STE 215
SUITE 215
DELRAY BEACH FL 33447-7010 == 33445

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANN, HUGO
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VST
NAME	SPEAR, JOHN M.
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	SVP
NAME	SIMONS, JOHN E.
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VCP
NAME	JOHNSTON, SHEPHERD D.
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	FIRNGES, HANS
STREET ADDRESS	220 CONGRESS PK DR #215
CITY-ST-ZIP	DELRAY BCH. FL
TITLE	VS
NAME	FALVEY, STEPHEN J.
STREET ADDRESS	23249 LAGO MAR CIRCLE
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Johannes Mann	
1.3 STREET ADDRESS	220 Congress Pk Dr, #215	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition block with an address.

SIGNATURE: _____ DATE: **2-16-95** 407-265-1300
Signature and typed or printed name of signing officer or director

John M. Spear, Senior Vice President