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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M17386 (7)

1. Corporation Name
SUNBELT CORPORATE CENTER II, INC.



Principal Place of Business 220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US	Mailing Address 220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445-4805 US
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3. Date Incorporated or Qualified 06/27/1985	3a. Date of Last Report 04/25/1996
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**JOHNSTON, SHEPHERD D.
220 CONGRESS PARK DR., STE 215
DELRAY BEACH FL 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANN, HUGO	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, SHEPHERD D	
STREET ADDRESS	220 CONGRESS PARK DR 215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FALVEY, STEPHEN T	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	JOHNSTON, SHEPHERD D.	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIRNGES, HANS	
STREET ADDRESS	220 CONGRESS PK DR #215	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VS	<input type="checkbox"/> DELETE
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 Park Dr, #215	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melvin L. Keating	
2.3 STREET ADDRESS	220 Congress Park Dr, #215	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	Sec, SVP, Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John M. Spear	
3.3 STREET ADDRESS	220 Congress Park Dr, #215	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
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 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: _____ DATE: **2-7-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)