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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17386

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1985
4. FEI Number: 59-2547124
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
TITLE: D MANN, HUGO
NAME: MANN, HUGO
STREET ADDRESS: 220 CONGRESS PK DR #215
CITY-ST-ZIP: DELRAY BEACH FL
TITLE: PD JOHNSTON, SHEPHERD D
NAME: JOHNSTON, SHEPHERD D
STREET ADDRESS: 220 CONGRESS PARK DR 215
CITY-ST-ZIP: DELRAY BEACH FL
TITLE: V FALVEY, STEPHEN T
NAME: FALVEY, STEPHEN T
STREET ADDRESS: 220 CONGRESS PK DR #215
CITY-ST-ZIP: DELRAY BEACH FL
TITLE: VCP JOHNSTON, SHEPHERD D.
NAME: JOHNSTON, SHEPHERD D.
STREET ADDRESS: 220 CONGRESS PK DR #215
CITY-ST-ZIP: DELRAY BEACH FL
TITLE: D FIRNGES, HANS
NAME: FIRNGES, HANS
STREET ADDRESS: 220 CONGRESS PK DR #215
CITY-ST-ZIP: DELRAY BCH. FL
TITLE: VS FALVEY, STEPHEN J.
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: D
1.2 NAME: Mann, Johannes
1.3 STREET ADDRESS: 220 Congress Park Dr #215
1.4 CITY-ST-ZIP: Delray Beach, FL 33445
2.1 TITLE: D
2.2 NAME: Reeves, Richard M.
2.3 STREET ADDRESS: 220 Congress Park Dr, #215
2.4 CITY-ST-ZIP: Delray Beach, FL 33445
3.1 TITLE: S, T, SRVP
3.2 NAME: Spear, John M.
3.3 STREET ADDRESS: 220 Congress Park Dr, #215
3.4 CITY-ST-ZIP: Delray Beach, FL 33445
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. 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 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, with all other like empowered.

SIGNATURE: Stephen T. Falvey STEPHEN T. FALVEY 1/6/99 561-265-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)