COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # H14669

PHASE III REAL ESTATE SERVICES, INC.

Principal Place of Business

Mailing Address

14831 LAGUNA DRIVE

14831 LAGUNA DRIVE

FT. MYERS FL 33908

US

Principal Place of Business

2a. Mailing Address

26

07/31/1984 4. FEI Number Applied For 59-2578798 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes the current year 30 29 9. Name and Address of Current Registered Agent

FASIG, DONALD L. 14831 LAGUNA DRIVE FT.MYERS FL 33908

	Intangible Personal Property Yes No
	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

3. Date Incorporated or Qualified

FILED

Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 029 ***550.00

DO NOT WRITE IN THIS SPACE

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. Lam familiar with, and accept the bigations of, section 607.0505, Florida Statutes.

NATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signature requ		DATE
	OFFICERS AND D	IRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 1
	PD	DELETE	1.1 TITLE		Change Add
	Fasig, Donald L.		1.2 NAME		
ADDRESS	14831 LAGUNA DRIVE		1.3 STREET ADDRESS		
r-zip	FT. MYERS FL		1,4 CITY-ST-ZIP		
	STD	DELETE	2.1 TITLE		Change Add
	RIZZO-GAVIN, ELIZABETH A		2.2 NAME		
ADDRESS	14831 LAGUNA DRIVE	`	2.3 STREET ADDRESS		
r-ZIP	FT.MYERS FL		2.4 CITY-ST-ZIP		
		DELETE	3.1 TITLE		Change Add
ĺ			3.2 NAME		
ADDRESS			3.3 STREET ADDRESS ·		
-ZIP			3.4 CITY-ST-ZIP		
		DELETE	4.1 TITLE		Change Add
			4 2 NAME		
ADDRESS			4.3 STREET ADDRESS		
-ZIP			4.4 CITY-ST-ZIP		
		DELETE	5.1 TITLE		Change Add
]			5.2 NAME		
ADDRESS			5.3 STREET ADDRESS		
-ZIP			5.4 CITY-ST-ZIP		
	1,44,44	DELETE	6.1 TITLE		Change Add
<u>'</u> . 1	ration of the		6.2 NAME		
ADDRESS			6.3 STREET ADDRESS		
710			6.4 CITY-ST-7/P		

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.

GNATURE A SICK RUFE PERUIRE

9-1-99

941-433-1100

CR2E034 (5/99)