

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90027 019 \*\*\*150.00

DOCUMENT # P93000053631

1. Corporation Name  
SHORTY'S III, INC.

Principal Place of Business  
9150 S.W. 87TH AVENUE  
SUITE #205  
MIAMI FL 33176

Mailing Address  
9150 S.W. 87TH AVENUE  
SUITE #205  
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1993

4. FEI Number

65-0430287

Applied For  
Not Applicable

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GREENFIELD, ALAN E  
3301 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES FL 33134

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

TITLE D ☐ DELETE  
NAME GREENFIELD, ALAN E.  
STREET ADDRESS 3301 PONCE DE LEON BLVD, SUITE 200  
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ DELETE  
NAME VAN GHEEM, KENNETH  
STREET ADDRESS 9150 SW 87TH AVE, SUITE 205  
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE  
NAME JABLONSKI, GERARD  
STREET ADDRESS 9150 SW 87TH AVE., SUITE 205  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME SACH, KARL  
STREET ADDRESS 2675 SW 24TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME FOCARACCI, RALPH  
STREET ADDRESS 2675 SW 24TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE  
NAME WALLINS, SANFORD H  
STREET ADDRESS 9150 SW 87 AVE #205  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

595-1622

Daytime Phone #

CR2E034 (11/98)

0254590