FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

P93000077501 (3) DOCUMENT #

SOUTHERN PROPERTIES FUND III, INC.

Mailing Address Principal Place of Business % RICHARD FINKELSTEIN % RICHARD FINKELSTEIN 1000 CLINT MOORE RD., #110 1000 CLINT MOORE RD. #110 **BOCA RATON FL 33487** 3a. Date of Last Report **BOCA RATON FL 33487** 3. Date Incorporated or Qualified 11/09/1993 05/01/1995 Applied For 4. FET Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0531948 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Suite, Ant. #. etc Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Fiorida Statutes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS ST. 83 TALLAHASSEE FL 32301 Zip Code 84 City FL 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Soction 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed har elof regulated associated the diagonation ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. acitibbA 🔲 1 1 1016 []] DELETE TITLE CR2E034 1.2 NAME WOHL, MICHAEL D NAME 1.3 STREET ADDRESS 2665 S. BAYSHORE DR., #202 STREET ADDRESS **COCONUT GROVE FL 33133** 14 Cilly - St - 7/P CHY-ST-ZIP Change Addition DELETE 2 1 THEE TITLE n 2.2 NAME ENDELSON, KENNETH M NAME 2.3 STREET ADDRESS 1000 CLINT MOORE RD., #110 STREET ADDRESS **BOCA RATON FL 33487** 2.4 GITY - ST - ZIP CITY-ST-ZIP Change ☐ Add:tion DELETE 3 1 TOLE n TITLE 3.2 NAME FINKELSTEIN, RICHARD NAME 3.3 STREET ADDRESS 1000 CLINT MOORE RD., #110 STREET ADDRESS 3.4 CITY - \$1 - ZIP **BOCA RATON FL 33487** CITY - ST - ZIP Change ☐ Addition 4 1 TILLE [] DELETE TITLE NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 City - St - ZiP CITY - ST - ZIP Change ☐ Addition ["] DELETE 5 1 TITLE TITLE 5.2 NAME NAME S 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP 5000018481**8**5° Addition DELETE 6 1 TIFLE TITLE -06/03/96--01053--031 6.2 NAME NAME

appears in Block 12 or Block 13 if ch

STREET ADDRESS

KICHARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address

FINKELSTEIN

6.3 STREET ADDRESS

64 CHY ST-ZIF

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3(k). 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 cartify that I am an officer or director of the copporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cartificate is the state of the copporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 4/30/46

***208.75

407-447-5760