

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

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham • Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077501 (3)
 1. Corporation Name
SOUTHERN PROPERTIES FUND III, INC.



Principal Place of Business % RICHARD FINKELSTEIN 1000 CLINT MOORE RD., #110 BOCA RATON FL 33487	Mailing Address % RICHARD FINKELSTEIN 1000 CLINT MOORE RD., #110 BOCA RATON FL 33487-2847
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/09/1993	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0531948	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name JUDY MATTHEWS-GRAY
82. Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE RD
83. SUITE 110
84. City BOCA RATON FL 85. Zip Code 33487

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 *Judy Matthews Gray* **JUDY MATTHEWS-GRAY** DATE **4/29/97**
Signature of individual 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	WOHL, MICHAEL D
STREET ADDRESS	2665 S. BAYSHORE DR., #202
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D <input type="checkbox"/> DELETE
NAME	ENDELSON, KENNETH M
STREET ADDRESS	1000 CLINT MOORE RD., #110
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> DELETE
NAME	FINKELSTEIN, RICHARD
STREET ADDRESS	1000 CLINT MOORE RD., #110
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

ADDITIONAL FEES TO OFFICERS AND DIRECTORS
 -05/23/97-0000-000 Addition
 ***173.75 ***173.75

MSD
4/29/97

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 *Judy Matthews Gray* **JUDY MATTHEWS-GRAY** DATE **4/29/97**

CR2E034 (9/96)