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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078812

1. Corporation Name

Principal Place of Business
2201 4TH ST. NORTH
Suite 200
ST PETERSBURG FL 33704

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90025 016 ***150.00

JMC CO	MMUNITIES III, INC.													
Principal Place	e of Business	Mailing Address	·····				[[] []		#14 #4111 # 81	KI MALIL MAILE	IVERT IVIV	((VIØ 1181 (881	
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ST PETERSBURG FL 33704 ST PETERSBURG FL 33				+			3. Date Incorporated or Qualifed							ł
							10/26/	•					:	
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number					App	lied For	
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24	9. Name and Address of Current						10. Name a			egistered	Agent			1
				81	Name									
	EZEM, J. MICHAEL			82	Street A	Addres	ss (P.O. Box N	lumber is No	t Accepta	ble)				1
	1 4TH ST. NORTH			02	300017	-uui 63	33 (F.O. DOX 1	10111001 10 110	- Accopia			•		
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ST P	PETERSBURG FL 33704			84	City						85	Zip Co	ode	İ
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida, Such change was a	es, the al	bove	e-named o	corpora	ration submits	this statemen	nt for the shy accer	purpose of it the apopi	changir ntment :	ng its ri as regi	egisterea stered	1
	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	rida Stati	utes.	tile corpo	or auton	s board or dir	ectors, there	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. по пре	, and the			
SIGNATURE							when reinstating)			DATE				
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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. CITY-ST-ZIP

SIGNATURE:

Daytime Phone #