


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 702772</b>					
1. Corporation Name <b>GARDEN TERRACE APTS. III, INC.</b>					
Principal Place of Business 2221 MONROE ST #5 HOLLYWOOD FL 33020 US			Mailing Address 2221 MONROE ST #5 HOLLYWOOD FL 33020 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2221 MONROE ST		26 2221 MONROE ST		08/09/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #7		27 #7		59-0997392	
City & State		City & State		Applied For	
23 HOLLYWOOD FL		28 HOLLYWOOD FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
24 33020 25 USA		29 33020 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REITER, EVA 2221 MONROE ST. APARTMENT 5 HOLLYWOOD FL 33020				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P	MAZZOCHETTE, JAMES		<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		2221 MONROE ST #7				1.1 TITLE	
STREET ADDRESS		HOLLYWOOD FL				PRESIDENT	
CITY-ST-ZIP						1.2 NAME	
						JAMES C. MAZZOCHETTE	
						1.3 STREET ADDRESS	
						2221 MONROE ST. #7	
						1.4 CITY-ST-ZIP	
						HOLLYWOOD, FL 33020	
TITLE	T	REITER, EVA		<input checked="" type="checkbox"/> DELETE		2.1 TITLE	
NAME		2221 MONROE ST				SECRETARY	
STREET ADDRESS		HOLLYWOOD FL 33020				REITER, EVA	
CITY-ST-ZIP						2.2 NAME	
						2221 MONROE ST #5	
						2.3 STREET ADDRESS	
						HOLLYWOOD, FL 33020	
						2.4 CITY-ST-ZIP	
						HOLLYWOOD, FL 33020	
TITLE	VP	BUSTOS, HORATIO		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME		2221 MONROE ST #1				TAGASORER	
STREET ADDRESS		HOLLYWOOD FL				FRIDAULT, ELIZABETH	
CITY-ST-ZIP						2221 MONROE ST #9	
						3.3 STREET ADDRESS	
						HOLLYWOOD, FL 33020	
						3.4 CITY-ST-ZIP	
						HOLLYWOOD, FL 33020	
TITLE	D	BOYER, JEAN C		<input checked="" type="checkbox"/> DELETE		4.1 TITLE	
NAME		2221 MONROE ST #3				DIRECTOR	
STREET ADDRESS		HOLLYWOOD FL				LEPINE, MARCEL	
CITY-ST-ZIP						2221 MONROE ST #9	
						4.3 STREET ADDRESS	
						HOLLYWOOD, FL 33020	
						4.4 CITY-ST-ZIP	
						HOLLYWOOD, FL 33020	
TITLE	D	BOISJOLI, GERARD		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME		2221 MONROE ST #10				DIRECTOR	
STREET ADDRESS		HOLLYWOOD FL				SAMBLE, HARVEY	
CITY-ST-ZIP						2221 MONROE ST #12	
						5.3 STREET ADDRESS	
						HOLLYWOOD, FL 33020	
						5.4 CITY-ST-ZIP	
						HOLLYWOOD, FL 33020	
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE	
NAME							
STREET ADDRESS						6.2 NAME	
CITY-ST-ZIP							
						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 617, 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: *James C. Marzochette* SIGNATURE REQUIRED

2-8-99

Date

Daytime Phone #

CR2E037 (11/98)