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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600005420

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

ST ZIP

JE HOTEL III. INC.

0, 1,012	<b>.</b> ,					
<u> </u>	(D)	Mailing Address	<del></del>		I JOHAN MAND OBTOF BINL BIO	\$0 1401\$ DOIT 1401
Principal Place		•				
302 ROYAL POI		302 ROYAL POINCIANA WA	Y			
PALM BCH FL 33480 PALM BCH FL 33480				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
	. *			10/18/1996		ļ
2 Principal Pla	ace of Business	2a. Mailing Address	_	4. FEI Number		Applied For
21	200 01 240111000	26		65-0705067	1	Not Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.			\$8.75	Additional
22	.,	27		5. Certifcate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing	<u> </u>	0 мау Ве
23		28		Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	ent year Intangible	
24	25	29	30	Personal Property Tax.	Yes Yes	No
	9. Name and Address of Current			10. Name and Address of New R	egistered Agent	
	/		81 Name	a adam		
MURI	PHY, MARK A		82 Street A	O SHAW ddress (P.O. Box Number is Not Acceptal	hle)	
302 ROYAL POINCIANA WAY			Street A	ROUPLIANT OF A	TV.	
PALM BEACH FL 33480			83	<u></u>	7	
,			501	TE 302.		
			84 City Da	1M SEALL	FL  85   3	Code
44 Dunning	to the provisions of Sections 607.0500	and 607 1508 Florida Statute	es the above-named c	orporation submits this statement for the	purpose of changing	its registered
11. Pursuant i	io the browsions of aections our coors	and our room, rionad otatati	col are apore married a		t the appointment of	
office or re	adictered agent or both in the State (	nt Finnda. Such change was al	utnonzea by the corpor	ation's board of directors. I hereby accep	t tue appointment as	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	nt Finnda. Such change was al	utnonzea by the corpor	ation's board of directors. I hereby accep		registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Flo	introduced by the corpor rida Statutes. EDERIC M. S	SHAW 2	PATE	registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was a ions of, Section 607.0505, Florida and title if applicable. (NOTE	rida Statutes.  EDERAL M. S Registered Agent signature rec	SHAO 2  Turied when reinstating)	2-20-99 DATE	
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... 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90180 033 \*\*\*150.00

Change

Addition