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FILED  
Apr 17 1998 8:00am  
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003271 (0)**

1. Corporation Name  
**NET LEASE REALTY III, INC.**

Principal Place of Business  
**400 E. SOUTH ST., #500  
ORLANDO FL 32801**

Mailing Address  
**400 E. SOUTH ST., #500  
ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/23/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>--APPLIED FOR 59-3450465</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b>	1.1 TITLE	<b>D/C/CEO</b>
NAME	<b>SENEFF, JAMES M JR</b>	1.2 NAME	<b>SENEFF, JAMES M., JR.</b>
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>COX, WILLOUGHBY T</b>	2.2 NAME	
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>HINKLE, CLIFFORD R</b>	3.2 NAME	
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY - ST - ZIP	
TITLE	<b>PCOO</b>	4.1 TITLE	
NAME	<b>RALSTON, GARY M</b>	4.2 NAME	
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VSCF</b>	5.1 TITLE	<b>EVP/S/T/CFO</b>
NAME	<b>HABICHT, KEVIN B</b>	5.2 NAME	<b>HABICHT, KEVIN B.</b>
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	5.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	6.1 TITLE	<b>D</b>
NAME	<b>BOURNE, ROBERT A</b>	6.2 NAME	<b>LANIER, TED B.</b>
STREET ADDRESS	<b>400 E. SOUTH ST., #500</b>	6.3 STREET ADDRESS	<b>400 E. SOUTH ST., SUITE 500</b>
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	6.4 CITY - ST - ZIP	<b>ORLANDO, FL 32801</b>

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, in an attachment with an address.

SIGNATURE:

(407) 422-1574

CR2E034 (10/97)

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