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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	AL REPORT Secretary of DIVISION OF CO.			ry of Stat	of State			Secretary of State				
	MENT # K44 NTURES III, INC.	070	(6)	,,,,,,				1 AD CARINI BAN BAGAN BARNI BARNI BAGAN BA)44 115 41 1 748 1	1454 816 11 816 11	ara k (84)	
Principal Place of Business 5752 VINTAGE OAKS CIR DELRAY BEACH FL 33484		5752 V DELRA	Mailing Address 5752 VINTAGE OAKS CIR DELRAY BEACH FL 33484-6422 US									
US 2. Principal P	lace of Business		iling Address			 	3.	Date Incorporated or Qualified 11/04/1988 FEI Number	ı	te of Last Re 01/1996	eport	
Suite Apt	# etc.		le, Apt. #, etc.	····			5.	65-0082250 Certificate of Status Desired		\$8.75		
City & Stat 23	e	27 City	& State	J				Election Campaign Financing Trust Fund Contribution	Γ	\$5.00 Added t	May Be	
Zip 24	Country 25	Zip 29	Zip Country			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of	Current Registere	d Agent		81	r	10.	Name and Address of New R	egistered .	Agent		
COBER CORPORATE AGENTS 2601 S BAYSHORE DR						Name Street Add	dress (f	P.O. Box Number is Not Accepte	able)			
	H FLR											
MIA	MI FL 33133				83	<u> </u>						
					84 City				FL	85 Zip (Code	
office or r	to the provisions of Sections registered agent, or both, in the imitamiliar with, and accopt the Superture, type the public name of registers.	he State of Florida S he obligations of, Se	Such change was ction 607.0505, Fl	authorize Iorida Sta	id by	the corpora	ation's I	on submits this statement for the board of directors. I hereby account to the statement of	purpose of ept the app	changing it ointment as	s registered registered	
12.		ERS AND DIRECTO		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	IN 12	
THE	PSTD		DELETE	1.17						Change	☐ Addition	
NAME	SUTTIN, EUGENE 5752 VINTAGE OAKS (ND		12 N							ļ	
STREET ADDRESS CDY- ST-ZiP	DELRAY BEACH FL	ALL .				ADDRESS ST-ZIP		•			· [
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STREET ADDRESS						ADDRESS						
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STREET ADDRESS				3.3 S	TREET	ADDRESS]	
CITY - SY - ZIP				3.4. (CITY-:	ST-ZIP						
TITLE			☐ DELFTE	4.1 7		ļ				Change	Addition	
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NAMI				5.2 N	IÁME					•	}	
STREET ADDRESS				5.3 S	TREET	ADDRESS					1	
CHY-SI-ZIP						ST-ZIP	·					
Tille			☐ DELETE	6.11				•		☐ Change	Addition	
NAME				62 N							1	
STREET ADDRESS				6.3.5	HEET	ADDRESS					ł	

6.4 CITY-ST-ZIP

1. 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 duit pration 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 it clianged, or or all attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED

Apr 15 1997 8:00am