

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M31533

Corporation Name

FLORIDA III OWNERS, INC.

Principal Place of Business

HOLLY HILL LANE
SUITE 300
GREENWICH CT 06830

Mailing Address

75 HOLLY HILL LANE
SUITE 300
GREENWICH CT 06830
US

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 017 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

475 STEAMBOAT ROAD

Suite, Apt. #, etc.

4TH FLOOR

City & State

Zip

Country

2a. Mailing Address

26 475 STEAMBOAT ROAD

Suite, Apt. #, etc.

27 4TH FLOOR

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/05/1986

4. FEI Number

58-1680876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J.
999 PONCE DE LEON
#1110
CORAL GABLES FL 33134

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

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

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
ET ADDRESS	DP KARLTON, JOHN S. 75 HOLLY HILL LANE, #300 GREENWICH CT 06830	
ST-ZIP		
ET ADDRESS	V SKEEN, JOHN G 75 HOLLY HILL LANE, #300 GREENWICH CT 06830	
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		
ET ADDRESS		
ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	475 STEAMBOAT ROAD	
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	475 STEAMBOAT ROAD	
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED

8/24/99

209) 629-5333

CR2E034 (5/99)