

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 JUL 30 AM 9:17

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # N06633

1. Corporation Name

DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION III, INC.

Principal Place of Business

C/O THE TRIAX GROUP INC.
P.O. BOX 6286
BOCA RATON FL 33427-3286

Mailing Address

C/O THE TRIAX GROUP INC.
P.O. BOX 6286
BOCA RATON FL 33427-3286



5/10/99 90025050 \$70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/13/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2763377	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30		Applied For	
25		30		Not Applicable	
25		30		\$8.75 Additional Fee Required	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LUTTGE, SCOTT K.
5162 LINTON ROAD
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81	Name	Kenneth T. Suler
82	Street Address (P.O. Box Number is Not Acceptable)	3400 RABBIT HOLLOW CIRCLE
83	City	Delray Beach FL 33448
84	City	FL
85	Zip Code	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TDV	X DELETE		1.1 TITLE	Change Addition		
NAME	LUTTGE, SCOTT K.			1.2 NAME			
STREET ADDRESS	5162 LINTON BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL			1.4 CITY-ST-ZIP			
TITLE	VD	X DELETE		2.1 TITLE	Change Addition		
NAME	SCHWARTZFARB, DAVID			2.2 NAME			
STREET ADDRESS	5162 LINTON BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL			2.4 CITY-ST-ZIP			
TITLE	PD	DELETE		3.1 TITLE	Change Addition		
NAME	WARREN, MARK G.			3.2 NAME			
STREET ADDRESS	5162 LINTON BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH. FL			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE REQUIRED

7/21/99

561-368-8709

0014384

CR2E037 (5/99)