

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071425 (1)

1. Corporation Name

INVESTNET PROPERTY FUND III, INCORPORATED

Principal Place of Business

800 BRICKELL AVENUE
605
MIAMI FL 33131
US

Mailing Address

800 BRICKELL AVENUE
605
MIAMI FL 33131
US



2. Principal Place of Business

21 2005 N.E. 121 Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 610096
Suite, Apt. #, etc.

22 City & State

23 N. MIAMI, FL
Zip Country

24 33181
25

27 City & State

28 N. MIAMI, FL
Zip Country

29 33261-0096
30

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0446496

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, JEROME
800 BRICKELL AVENUE
SUITE 605
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

JEROME FELDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

2005 N.E. 121 Rd.

83

84 City

N. Miami

FL

85 Zip Code
33181

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 agent or director required when reinstating.

(NOTE: Registered Agent signature required when reinstating.)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FELDMAN, JEROME
STREET ADDRESS 800 BRICKELL AVE, STE 605
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME FELDMAN, JASON
STREET ADDRESS 800 BRICKELL AVE, STE 605
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME FELDMAN, MICHAEL
STREET ADDRESS 800 BRICKELL AVE, STE 605
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☒ Change ☐ Addition
1.1 NAME
1.2 STREET ADDRESS
1.3 CITY-ST-ZIP

2 TITLE ☒ Change ☐ Addition
2.1 NAME
2.2 STREET ADDRESS 2005 NE 121
2.3 CITY-ST-ZIP N. MIAMI FL 33181

3 TITLE ☒ Change ☐ Addition
3.1 NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4.1 NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5.1 NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6.1 NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(305) 895-7000
Daytime Phone

CR2E034 (12/95)