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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400067504 (8)

	ng III Florida, Inc.		- ,				
Principal Place of Business 303 ROYAL POINCIANA PLAZA PALM BEACH FL 33433 Mailing Address 303 ROYAL POINCIAN PALM BEACH FL 33433					L IRBEIDAN SIN ANNI DEREU EREIN ORIN	i OBAH BURK BIRU 1980 B	INI DOUG BIOL HOL
2 Principal Pla	on of Projecto	0.11.%		•	3. Date incorporated or Qualified 09/13/1994	3a. Date of Last 03/08/19	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22		27			5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		led to Fees
Ζ φ	Country	Zip	Counti	ry	8. This corporation has liability for		
24	25 9. Name and Address of Cur	29	30		Florida Statutes Yes	_	
	5. Name and Address of Cur	ent Registered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	
MADDIO	I VAIDA I		°	1			
HARRIS, LYNDA J 303 ROYAL POINCIANA PLAZA			82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ACH FL 33480		83	3			
TACIN DE	27011 (2 00700			<u> </u>			
			84	4 City		FL 85 2	Zip Code
 Pursuant to or registere familiar with 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fi and accept the obligations of, Se	02 and 607.1508, Florida Statu orida. Such change was author oction 607.0505, Florida Statute	ites, the above ized by the cor es.	-named corpo poration's boa	oration submits this statement for the pur ard of directors. Thereby accept the appo	pose of changing its pintment as registere	registered offici id agent. I am
SIGNATURE:							
12.	lignature, typed or printed name of registered ag		OTE Registered Age	ent signature require		DATE	
TITLE	DPST	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		
NAME	KOSOY, A. DAVID		1. 1 TITLE 1.2 NAME			☐ Change	Addition
STREET ADDRESS	303 ROYAL POINCIANA PL	Δ7Δ	1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480	rieri	1.4 CiTY -				
TITLE	DELETE		2. 1 TITLE			Change	Addition
NAME			2 2 NAME			change	
STREET ADDRESS			2.3 STREET ADORESS				
CITY-ST-ZIP			24 CITY - ST - ZIP				
TITLE	DELETE		3. 1 TITLE			Change	☐ Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREE	E1 ADDRESS			
CHY-ST-ZIP		- Inc. exc.	34 CITY-				
TITLE		☐ DELETE	4. 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			4.2 NAME				
				T ADDRESS			
DITY-ST-ZIP TILE		[] DELETE	4.4 C(TY - 1 5 1 T(TLE			F 0	[] #2.00
IAME		☐ pereit	5.2 NAME			☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS			
PTY-ST-ZIP			5.4 City-				
ILE	DELETE		6 1 TITLE	31 ET		☐ Change	Addition
IAME		_	6.2 NAME			onengo	
TREET ADDRESS				T ADDRESS			
CITY - ST- ZIP			6.4 CITY - 5	ST-ZIP			
14. I do hereby certify that to oath; that I a		riual report of supplemental and poration of the receiver of truste	nished and doe nual report is true ee empowered	es not qualify for	or the exemption stated in Section 119.0 de and that my signature shall have the s s report as required by Chapter 607, Flo		

SIGNATURE:

D VPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-835-180