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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000074029 (7)**

1. Corporation Name

**FAT DEER KEY MANAGEMENT CORP. III**

Principal Place of Business

**9627 S DIXIE HWY**
**SUITE 203**
**MIAMI FL 33156**

Mailing Address

**9627 S DIXIE HWY**
**SUITE 203**
**MIAMI FL 33156**

3. Date Incorporated or Qualified: **10/05/1994**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: *** CORRECTION 65-0527631 65-0537631** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**MULLER, CHARLES E II**
**9100 S DADELAND BLVD**
**SUITE 1707**
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Alone Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.0502, Florida Statutes, the undersigned submit(s) this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical. The registered agent is familiar with, and accepts the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAWRENCE, PATRICIA C
STREET ADDRESS 9627 S DIXIE HWY SUITE 203
CITY-ST-ZIP MIAMI FL 33156

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP

☐ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information indicated on this report or supplemental 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 with an address or on an attached sheet with an address.

**SIGNATURE:** Patricia C Lawrence 3-28-96 305-371-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia C Lawrence

CR2E034 (12/95)