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 # P95000015273 (2)

PALM BEACH DEVELOPMENT GROUP LIMITED III, INC.



SS SEP IN MM 10: 23

SECTION OF STATE



Principal Place of Business	Mailing Address			1 8 8 14 8 8 15 11 11 11 11 11 11 11 11 11 11 11 11	
Kent Huffman, Esq.	: 204 (Phipps Plaza	3. Date Incorporated or Qualified		
204 Phipps Plaza Pala Bch, Fl 33480	" Palm B	Sch, F1 3341	3. Date Incorporated or Qualified 02/21/1995	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	1	4 FEB 50 0 5 7 5 7 4 1 ·	Applied For	
21 204 Phipps Plaza	26 204 Phipp	os Plaza	- Marin	Not Applicable	
Suite, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	27			Fee Required	
City & State	City & State		6. Hection Campaign Financing	\$5.00 May Be	
23 Palm Beach, FL	28 Palm Beac		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for		
24 33480 25 USA	29 33480	30 USA		No	
9. Name and Address of Current	Registered Agent		10. Name and Address of New F	tegistered Agent	
		81 Name K 6	ent Hufiman, Esqu	ire	
HISTEMAN, KENT		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
-222 LAKEVIEW AVE-			Phipps Plaza		
SUITE 000-		63			
WEST PALM BEACH FL 33401 -		84 City		B5 Zip Code	
			Palm Beach,	FL 33480	
11. Pursuant to the provisions of Sections 607.0502 a	and 607.1508, Florida Statu	tes, the above named corpo	oration submits this statement for the pu	rpose of changing its registered office	
 Pursuant to the provisions of Sections 607.0502 a or registered agent, or both, in the State of Florida familiar with, and accept the of gations of, Section 	i. Such change was authori n 607.0505. Florida Statute	zed by the corporation s boa is	and or directors. Thereby accept the app.	originent as registered agent i am	
SIGNATURE L	Kent	Huffman, Esc	g. 2/22/96		
Signature, typed or printed to the of registered aspect as		OTE Registered Agent signature radium	1 • 2/22/96 st when renship • (DATE	
12. U OFFICERS AND		13.	ADD/HONS/CHANGES TO OFF		
TITLE D	🔀 DELETÉ	•	P/S/D	🙀 Change 🔲 Add:tion	
NAME HUFFMAN, KENT		1.2 NAME F	Ross, Gary		
STREET ADDRESS 222 LAKEVIEW AVE SUITE 93	0	. 13 STREET ADDRESS 2	204 Phipps Plaza		
CITY-ST-ZIP WEST PALM BEACH FL 3340		14 CITY - \$1 - 7/P	Palm Beach, FL 33	480	
TITLE	Delete	2 1 MLF	•	Change C Addition	
NAME		2.2 NAME	900	001943209	
STREET ADDRESS		2.3 STREET ADDRESS	-09/10	79601073018	
CITY-ST-ZIP		2.4 City - St - ZiP	****2	/9601073018 33.75_****233.75	
TITLE	DELETE	3 1 THE		Change 🗀 Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 C(1Y - ST - Z)P			
TITLE	☐ DELETE	4 1 TITLE		Change	
NAME		4.2 NAME			
STREET ADORESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CI1Y - ST - ZIP			
TITLE	DELETE	5 1 TITLE		Change 🔲 Addition	
NAME		5.2 NAMÉ	A		
1			1 1 / 1		
STREET ADDRESS		5.3 STREET ADDRESS	1 MI KIL	<i>)</i>	
•		5.3 STREET ADDRESS 5.4 City St-Zip	1. Mar	<i></i>	
STREET ADDRESS CITY-SI-ZIP TITLE	DELETE		J. Man	Change Addition	
City - \$1 - ZiP	☐ DELÉTÉ	5.4 City St-ZiP	(1. Man	Change Addition	
CITY-\$1-ZIP TITKE	DELETE	54 CITY ST-ZIP 6 1 TITLE	Q. alon	Change Addition	
CITY-SI-ZIP TITLE	☐ DELETE	5.4 CITY ST-ZIP 6.1 TITLE 6.2 NAME	9-10-	Change Addition	

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: I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the degree 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 charge of the continuous manual report in a degree of the continuous manual report in 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 charge of the continuous manual report in the co

SIGNATURE:

THEO OR PRINTE SHAWE Y SIGNED SERVER OF THE SERVER A CENT

2/22/96

(407) 833-8400

Daytme Prone #

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