FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90041 012 ***150.00

1. Corporation	MENT # P95000 ATER REALTY III, INC.	056494					
Principal Place	o of Rusiness	Mailing Address	•••			00101 0118 81711 01 910	(BIA) BIAI (BA)
•		-					
		1874 WEST AVENUE MIAMI BEACH FL 33139					
William CENSII					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 07/20/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21		26			65-0602877		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State			6 Floring Compaign Financia		·
	e	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23 Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	_ `		Personal Property Tax.		□No
27	9. Name and Address of Current		·		10. Name and Address of New Registr	ered Agent	
		<u>-</u>	81	Name	•		
	LIG, SONNY Z		82	Stroot A	Idress (P.O. Bo (Number is Not Acceptable)		
	WEST AVE		1	Oli eel A	Juless (1.0. Bot Halliber to Hot Modephasie)		
MAIM	MI BEACH FL 33139		83				_
			84	City		85 Zip C	ode
			04	City		FL S ZPC	000
office or re	to the provisions of S∋ctions 607.050; egistered agent, or bαth, in the State of m familiar with, and a∋cept the obligat	of Florida. Such change was auth	norized by:	-named c the corpor	proporation subm ts this statement for the purporation's board of Jirectors. I hereby accept the a	se of changing its ippointment as rec	egistered istered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NO F: Re	egistered Agen	signature rec	guired when reinstating DA	E	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER		₹S IN 12
TITLÉ	PD	☐ DELETE 1.1 TITI		T		Change	Addition
NAME	FELLIG, SONNY Z		1.2 NAME				
STREET ADDRESS	1874 WEST AVENUE		13 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST	-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FELLIG, SOLOMON		2.2 NAME				
STREET ADDRESS	1874 WEST AVENUE	23\$		ADDRESS			
CITY-ST-ZIP			2. 4 CITY- S	r-zip			
TITLE	.STD	■ DELETE	3.1 TITLE			Change	☐ Addition
NAME	FELLIG, CHRISTINE		3.2 NAME				
STREET ADDRESS	1874 WEST AVENUE		33 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		34 CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET				
CITY-ST-ZIP			. 44 CITY-ST	-ZIP		Change	Addition
TITLE		☐ DELETE	51 TITLE 52 NAME			☐ Change	☐ Addition
NAME			5.3 STREET	AUUBEGG			
STREET ADDRESS			5.4 CITY-ST				
CITY-ST-ZIP	1-31-21F		6.1 TITLE	^UF		Change	Addition
TITLE		□ Dereie	6.2 NAME			C) Gliange	
NAME			63 STREET	ADDRESS			ļ

CITY-ST-ZIP 14. I herely certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further exertify that the information indicated on this annual report is 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, of on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE

Date Date Proper #

64 CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR