FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 MAY -1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069829

1. Corporation Name
Associated Capital Equities Corp. III

Principal Place of Business
1035 S. Semoran Blvd.
Suite 1007
Winter Park, FL 32792

Mailing Address

3. Date Incorporated or Qualified: 9/11/95	3a. Date of Last Report: 8/8/96
4. FEI Number: 59-3347554	☐ 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	2a. Mailing Address
21 c/o Associated Capital Properties Inc. 201 Pine Street	26 701 Brickell Avenue
22 Suite, Apt. #, etc.: Suite 701	27 Suite, Apt. #, etc.: Suite 3000
23 City & State: Orlando, FL	28 City & State: Miami, FL
24 Zip: 32801 / 25 Country:	29 Zip: 33131 / 30 Country:

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Intrastate Registered Agent Corporatic
82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue Suite 3000
83
84 City: Miami FL 85 Zip Code: 33131

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 Intrastate Registered Agent Corporation
Steven R. Hagen, Vice President
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	James R. Heistand	1.2 NAME	James R. Heistand
STREET ADDRESS	1035 S. Semoran Blvd. Ste 1007	1.3 STREET ADDRESS	201 Pine Street Suite 701
CITY-ST-ZIP	Winter Park, FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D ☐ DELETE	2.1 TITLE	D/EVP/S/AT ☒ Change ☐ Addition
NAME	Allen C. de Olazarra	2.2 NAME	Allen de Olazarra
STREET ADDRESS	3900 Wood Avenue	2.3 STREET ADDRESS	201 Pine Street Suite 701
CITY-ST-ZIP	Coconut Grove, FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	☐ DELETE	3.1 TITLE	D/VP/T/AS ☐ Change ☒ Addition
NAME		3.2 NAME	Dale Johannes
STREET ADDRESS		3.3 STREET ADDRESS	201 Pine Street Suite 701
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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:
James R. Heistand, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date