

**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 # P95000090979 (2)

1. Corporation Name  
**M.L.E. DEVELOPMENT, INC. III**



Principal Place of Business: 120 W. GLADES RD. BOCA RATON FL 33432  
Mailing Address: 120 W. GLADES RD. BOCA RATON FL 33432

3. Date Incorporated or Qualified: 11/27/1995  
3a. Date of Last Report: 11/27/1995  
4. FEI Number: 65-0639237  
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 2499 Glades Road, Suite 114, Boca Raton, FL 33431, U.S.A.  
2a. Mailing Address: 26 2499 Glades Road, Suite 114, Boca Raton, FL 33431, U.S.A.

9. Name and Address of Current Registered Agent: POPKIN, SHURPIN & MACCARI, P.A., 2499 GLADES RD., STE. 114, BOCA RATON FL 33431

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, FL, 85 Zip Code

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	POPKIN, EDWARD D	1.1 TITLE:	
STREET ADDRESS: 2499 GLADES RD., STE. 114	BOCA RATON FL 33431	1.2 NAME:	
CITY-ST-ZIP: BOCA RATON FL 33431		1.3 STREET ADDRESS:	
TITLE:		1.4 CITY-ST-ZIP:	
NAME:		2.1 TITLE: D	Leonard Albanese
STREET ADDRESS:		2.2 NAME:	2499 Glades Road, Ste 114
CITY-ST-ZIP:		2.3 STREET ADDRESS:	Boca Raton, FL 33431
TITLE:		2.4 CITY-ST-ZIP:	
NAME:		3.1 TITLE: D	Michael Howell
STREET ADDRESS:		3.2 NAME:	2499 Glades Road, Ste 114
CITY-ST-ZIP:		3.3 STREET ADDRESS:	Boca Raton, FL 33431
TITLE:		3.4 CITY-ST-ZIP:	
NAME:		4.1 TITLE:	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE:	100001835941
STREET ADDRESS:		5.2 NAME:	-05/23/96--01007--023
CITY-ST-ZIP:		5.3 STREET ADDRESS:	***200.00
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	5-1-96
CITY-ST-ZIP:		6.3 STREET ADDRESS:	[Signature]
TITLE:		6.4 CITY-ST-ZIP:	

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 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] LEONARD A. ALBANESE Date: 4/9/96 Daytime Phone #: 407-994-1315

CR2E034 (12/95)