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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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
2499 GLADES ROAD SUITE 114 BOCA RATON FL 33431

Mailing Address
2499 GLADES ROAD SUITE 114 BOCA RATON FL 33431-7294

3. Date Incorporated or Qualified **11/27/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **65-0639237** 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 Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 **Popkin & Shurpin, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)

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 *Edward D. Popkin* **EDWARD D. POPKIN** 4-2-97
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **POPKIN, EDWARD D**

STREET ADDRESS **2499 GLADES ROAD SUITE 114**

CITY - ST - ZIP **BOCA RATON FL 33431**

TITLE DELETE

NAME **ALBANESE, LEONARD**

STREET ADDRESS **2499 GLADES ROAD SUITE 114**

CITY - ST - ZIP **BOCA RATON FL 33431**

TITLE DELETE

NAME **HOWELL, MICHAEL**

STREET ADDRESS **2499 GLADES ROAD SUITE 114**

CITY - ST - ZIP **BOCA RATON FL 33431**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 as an attachment with an address.

SIGNATURE: *Leonard A. Albanese* **LEONARD A. ALBANESE** 4/8/97 561-994-1305
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)