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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090979 (2)

M.L.E. DEVELOPMENT, INC. III

Principal Place of Business

Mailing Address

FILED Feb 17 1998 8:00am Secretary of State



2499 GLADES ROAD SUITE 114 BOCA RATON FL 33431		2499 GLADES ROAD SUITE 114 BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 11/27/1995	
2. Principal Place of Business 2a. Mailing Ad			dress			4, FEI Number Applied For	
21		[26]				65-0639237 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees	
L Zip	Country	7 ₁ p	Country			8. This corporation owes or has paid the current year Intangible	
24			30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
g. Name and Address of Current Registered Agent					81 Name		
POPKIN, SHURPIN PA							
	99 GLADES RD., STE. 114 CA RATON FL 33431		82 Street Ad		Street A	ddress (P.O. Box Number is Not Acceptable)	
50	OA NATOR LE 33431		8	33	-		
			L	14	City	85 Zip Code	
			•	4	City	FL 85 Zip Code	
11, Pursuant I	to the provisions of Sections 607.050	32 and 607.1508, Florida Statu	ites, the abo	ove	-named c	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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
				ngistered Agent signature require			
12.	OFFICERS AN	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	<u> </u>		1.1 TITU			Change Accurat	
NAME	ALLE OF THE POST OF THE ALL			1.2 NAME			
STREET ADDRESS	DOGA CATCAL SI COACA			1.3 STREET ADDRESS			
CITY+ST-ZIP TITLE	D DELETE			1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	ALBANESE, LEONARD			22 NAME		The state of the s	
STREET ADDRESS				2.3 STREET ADORESS			
CITY - ST - ZIP	BOOK BATON PLANAGE			2 4 CITY-ST-ZIP			
TITLE	D DELETE			3.1 TITLE		☐ Change ☐ Addition	
NAME	HOWELL, MICHAEL			3.2 NAME			
STREET ADDRESS 2499 GLADES ROAD SUITE 114				3.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33431				3.4. CITY-ST-ZIP			
TITLE				4.1 TITLE		☐ Change ☐ Addition	
NAME]			4. 2 NAM	νÆ			
STREET ADDRESS			4.3 STR	EET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY	r-ST	- ZIP		
TITLE		DELETE	5.1 TITU	E		☐ Change ☐ Addition	
NAME			5.2 NAM	ŧE			
STREET ADDRESS			5.3 STR	EET A	ADDRESS		
CITY - ST - ZIP			5.4 CITY	·ST	- ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITU	E	1	☐ Change ☐ Addition	
NAME			6.2 NAM	ŧΕ			
STREET ADDRESS			6.3 STR	EET /	ADDRESS		
CITY-ST-ZIP			6.4 CITY	r-ST	- ZIP		

14. Thereby 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 attrachment with an address.

Proceedings: The control of the corporation of 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 attrachment with an address.

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Proceedings: The corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certification indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath and the corporation of the corporation of the corporation

SIGNATURE: Lus

2-6-98

561-394-8333