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

P95000092710 (9)

FILED Feb 26 1998 8:00am Secretary of State

CALL	OF AFRICA III, INC.								
						1 (181)			1 11 11
			·						
,	e of Business	-	Mailing Address						•1, ••1, 100,
821 DUVAL : KEY WEST F		807 E. LAS OLAS BLVD	807 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301						
NEI WEST F	-C 33041	FI. LAUDENDALE PL 33	FI. LAUDENDALE PL 30301			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			.]
						12/04/1995			
· ·	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26			65-0620895			ot Applicable	
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22 City & Stat	е	City & State	City & State			A Floring Council E			equired
23		⊢ ′	28			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	·			ntry		8. This corporation owes or has pa			
24	25	29	30			Personal Property Tax due June			No
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	agistered /	Agent	
	RKER, ROSS			81 1	lame				
1617 S.E. 1ST ST.				82 5	treet Addres	ddress (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33301									
				83					
				84 (ity			85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 				5110.5	amad aaraa	ration authority this statement for the	FL		
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was a	authorized	by th	e corporation	n's board of directors. I hereby acce	of the app	ointment as	registered
	m tamiliar with, and accept the ob-	gations of, Section 607.0505, Fig	orida Stati	ites.					
SIGNATURE	Signature typed or printed name of registered a	agent and title if applicable (NOT	E: Registered	Apent s	ignature required	when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	P	☐ DELETE 1.1		1.1 TITLE				☐ Change	Addition
NAME	PARKER, ROSS		1.2 NAM						
STREET ADDRESS	1617 SE 1ST ST.	•	1.3 STR		PRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP		Р			-	
TITLE		DELETE	2.1 111					Change	☐ Addition
NAME				2.2 NAME			, •		
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE				Change	☐ Addition
NAME		3.2						☐ Change	- ROUNION
STREET ADDRESS				vic Réet add	RESS				
CITY-ST-ZIP				IY-ST-Z					
TITLE				4.1 TITLE				Change	Addition
NAME			4. 2 NA	ME				_ •	
STREET ADDRESS			4.3 STR	REET ADD	RESS				
CITY-ST-ZIP			4.4 CiT1	Y-ST-ZI	e				
TITLE		☐ DELET e	5.1 TITLE					Change	Addition
NAME			5.2 NAN	МE					
STREET ADDRESS		•	5.3 STR	EET ADD	ress				
CITY-ST-ZIP				Y - ST - ZII	Р				
TITLE		☐ DELETE	6.1 TITL					Change	☐ Addition
NAME			6.2 NAN						
STREET ADORESS				EET ADD	ı				ł
CITY-ST-ZIP			6.4 CITY	Y-ST-ZI	<u> </u>				

I 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 trusted 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.