PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092710

CALL OF AFRICA III. INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90143 002 ***150.00

Principal Place	e of Business	Mailing Address		7 155 11901 tif (gibi niit) dani sayi paji 93/1	ed ruttin eiste i dant hingt gett (80)
821 DUVAL ST. 807 E. LAS OLAS BLVD.					
KEY WEST FL 33041 FT, LAUDERDALE FL 33331				DO NOT WRITE IN THE	IS SPACE
į				3. Date incorporated or Qualified	
				12/04/1995	
2 Principal (P)	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal P	idue di Businosa	25		65-0620895	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Žip C	Country	This corporation owes the current year f Personal Property Tax.	ntangible □Yes □No
24	25		<u> </u>	10. Name and Address of New Registere	
	9. Name and Address of Curre	и кедізтелен Адапт	81 Name		
PARI	KER, ROSS		1 1	PARKER, ROSS	
	S.E. IST ST.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FT. L	AUDERDALE FL 33301		83	TALL CO TENS	
,,,,					Total res care
}			84 City	FT. LALLDERDALE F	L 3330 _
44 Chiermant	to the amulaione of Sections 607 05	02 and 607.1508 Florida Statutes	s, the above-named cor	poration submits this statement for the purpose pon's board of directors. I hereby accept the app	of changing its registered
office of n	egistered agent, or coth, in the State	of Florida. Such change was au	horized by the corporat	pon's board of directors. I hereby accept the app	ointment as registered
egent. I a	in temilier with, and accept the coup	allons or, section our lugos, Promi	a giomica.	04/28/9	9
SIGNATURE	Signature, typed of printed name of registered age	ent and title if applicable. (NOTE: R	legistered Agent signature requi	rud when reinstating) DATE	_
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE		Change Addition
NAME	Parker, Ross		1,2 NAME		
STREET ADDRESS	1617 SE 1ST ST.		1.3 STREET ADDRESS		
CITY-ST-ZIF	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		Change Advision
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZP			2.4CTY-ST-ZIP	<u>,</u>	Change Addition
TITLE		☐ DELETE	3.1 TITLE		Tizvenās ⊡vertegu
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-61-ZIP		[] Change [] Addition
TITLE		☐ DELETÉ	4.1 TITLE		Claimille Claimine.
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S"-ZIP		□ DELETE	4.4 CITY-ST-ZIP		[] Change [] Addition
) TITLE (□ DETE LE	5.1 IIILE 52 NAME		_,
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		CLOELETE	6.1 TITLE		Change Adultion
TIME)	(T) OFFE (E	62 NAME		
NAME			63 STREET ADDRESS		
STREET ADDRESS	}		6.4 CITY-ST-ZIP		
CITY-ST-ZIP	adiff. It at the left mating appropried			Section 119 07(3)(i). Florida Statutes, I further of	ortify that the information

4. I nereby 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 outh; that i am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FINATURE REQUIRED RES PRINE 3 16 99 951-76

P25024 (44/04)

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