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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000022756 (6)

REACH INVESTMENTS INC. III

	I INVESTMENTS INC. III					
Principal Place	e of Business	Mailing Address			i Janesall sim kana diver Ances Etrite Ma	til manså ottisk tradit tållikt blisså dyld sodi
3501 PONCE DE LEON		2440 MAYPORT RD.				
# D #2 ST AUGUSTINE FL 32085 ATLANTIC BEACH FL 3			233-2876			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					03/11/1996	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3352481	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23 .		<del>}</del> '	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curr		1-1-1		10. Name and Address of New Reg	gistered Agent
GIR	VAY, ROBERT WILLIAM JR.		81	Name		
2440 MAYPORT ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
TA	LANTIC BEACH FL 32233					
			83			
			B4	City	_/	85 Zip Code
			1 1	•		FL
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-	named corporati	oution submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered
agent La	egistered agent of both, in the st m familiar with, and accept the ob	ligations of Section 607.0505, Flo	orida Statutes.	ine corporati	ions board or directors. Thereby accep	tine appointment as registered
SIGNATURE						
	Signature, typed or per fee name of registered			signature require	ed when re-nstating)	DATE
12.	P\$	AND DIRECTORS	<b>13.</b>		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	GRAY, ROBERT W	□ beteit	1.2 NAME			
ALLA MINDORT DO				DDOLCC		
ATLANTIC DEACH EL 00000		રવ	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CHY-S-ZIP TITLE	ATEANTO DEACTIVE SEE	DELETE	2.1 TITLE	ZIP		Change Addition
NAME		Land October	2.2 NAME			
STREET ADDRESS			2.3 STREET A	nnesco		
CITY ST 7/2	6)		2 4 CITY-ST-ZIP			
TIFUE	DELETE		31 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	DORESS		
U-14 - S1 - ZIP			3.4. CITY-ST			
1011		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	1		!
STREET ALKURESS			4.3 STREET A	DORESS		· ·
City-St-2iF			4.4 CITY - ST-	J		
lift.t		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			ļ
STREET ACRORESS			53 STREET A	.ddress		
CETY - \$1 - ZiP			5.4 CITY-ST-	-ZIP		
TILE		DELETE	6.1 TITLE			Change Addition
NAME:			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DORESS		

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

May 13 1997 8:00am

Secretary of State

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 on an attachment with an address.