


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90292 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000099754

1. Corporation Name

PH III, INC.



Principal Place of Business 1615 SOUTH CONGRESS AVENUE, SUITE 200 DELRAY BEACH FL 33445	Mailing Address 1615 SOUTH CONGRESS AVENUE, SUITE 200 DELRAY BEACH FL 33445
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2381 EXECUTIVE CENTER DR. Suite, Apt. #, etc.		2a. Mailing Address 26 2381 EXECUTIVE CENTER DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/09/1996	
22		27		4. FEI Number 65-0716949	
23 BOCA RATON, FL City & State		28 BOCA RATON, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33431 25 USA Zip Country		29 33431 30 USA Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director / VP & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTE, ROBERT	1.2 NAME	Totte, Robert
STREET ADDRESS	1615 SOUTH CONGRESS AVENUE, SUITE 200	1.3 STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director / VP & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL M O'HARA	2.2 NAME	Cheryl M. O'Hara
STREET ADDRESS	1615 SOUTH CONGRESS AVENUE, SUITE 200	2.3 STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director / VP Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET G KELLEY	3.2 NAME	Janet G. Kelley
STREET ADDRESS	1615 SOUTH CONGRESS AVENUE, SUITE 200	3.3 STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director / President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE RECTOR	4.2 NAME	Paul E. Shapiro
STREET ADDRESS	1615 SOUTH CONGRESS AVENUE, SUITE 200	4.3 STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINCLAIR, KYLE	5.2 NAME	James Miller
STREET ADDRESS	1615 SOUTH CONGRESS AVENUE, SUITE 200	5.3 STREET ADDRESS	2381 Executive Center Drive
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

Date

361-912-4441

Daytime Phone #

CR2E034 (11/98)