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Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008168 (1)

1. Corporation Name

ESSIG PROPERTIES III, INC.

Principal Place of Business

1800 N.E. 151ST STREET  
NORTH MIAMI FL 33162

Mailing Address

1800 N.E. 151ST STREET  
NORTH MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

2. Principal Place of Business

2a. Mailing Address

21 1300 Moffett Street

26 12700 SW 33 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 OFFICE

27

City & State

City & State

23 HALLANDALE, FL

28 DAVIE, FL

Zip

Zip

24 33009

29 33330

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

LAZARUS, DAVID M  
1815 GRIFFIN ROAD  
SUITE 403  
DANIA FL 33004

Address  
change  
only

10. Name and Address of New Registered Agent

81 Name

LAZARUS, DAVID M

82 Street Address (P.O. Box Number is Not Acceptable)

235 N. University Drive

83

84 City

Pembroke Pines

FL

85 Zip Code  
33024

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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

P  
ESSIG, DANIEL  
1800 N.E. 151ST STREET  
NORTH MIAMI FL 33162

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

VS  
ESSIG, KRISTINA  
1800 N.E. 151ST STREET  
NORTH MIAMI FL 33162

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP

P  
ESSIG, DANIEL  
12700 SW 33 DRIVE  
DAVIE, FL 33330

2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP

VS  
ESSIG, KRISTINA  
12700 SW 33 DR  
DAVIE, FL 33330

3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP

4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP

5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP

6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/98

(954) 472-3669

Date

Daytime Phone # 0226713

CR2E034 (10/97)