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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000026653

FAF GROUP III, INC.

		. <u></u>				
Principal Place of Business		Mailing Address				
13575 58TH STE SUITE 144/THE	SUMMIT BLDG.	13575 58TH STREET NORTH SUITE 144/THE SUMMIT BLDG. CLEARWATER FL 33760				DO NOT WRITE IN THIS SPACE
CLEARWATER F	. 33/80	CLEARWATER TE 35/00				3. Date Incorporated or Qualifed 03/18/1998
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
21		26				63-082 3//81 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27				Fee Required
City & State	95	City & State				6.= Election Campaign Financing \$5.00 May:Be Trust Fund Contribution Added to Fees
Zio Country		Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	
Zip	. 25	29 30		ii ii y		Personal Property Tax.
24	9. Name and Address of Current	<u> </u>	1001	Γ.		10. Name and Address of New Registered Agent
			**	81	Name	
JEFFRIES, DAVID M				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
220				Queet Addio.	33 (F. S. BOX Marries to Hot Mosephasis)	
TAM	PA FL 33602			83		
				84	City	85 Zip Code
					•	FL ~
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 required v	when reinstating) DATE
	Signature, typed or printed name of registered agent of OFFICERS AND		13.	Agent	signature required t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 77	TLE		☐ Change ☐ Addition
NAME '			1.2 N	AME		
STREET ADDRESS	13 Car can a Wasala to 1914		1.3 87	REET	ADDRESS	
CITY-ST-ZIP	i		1.4 CI	TY-ST	-ZIP	
TITLE			2.1 TI	TLE		Change Addition
NAME	■		2.2 N	AME		
STREET ADDRESS	INVECTABLESS 13575 58+n 5+ Morth + 144		2.3 8	2.3 STREET ADDRESS		
CITY-ST-ZIP	FZIP Glasswater FL 33760		2.40	:π Y -\$1	T-ZIP	
TITLE	ST	☐ DELETE	3.1 Ti	TLE		☐ Change ☐ Addition
NAME	Lubeck, Pamela		3.2 N	AME		
STREET ADDRESS	inclination () and (3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			ITY-S	T-ZIP	G Channe G Addition	
TITLE	0	☐ DELETE	4,1 TI			☐ Change ☐ Addition
NAME	Berardi, Michael	Jr	4.2 N			
STREET ADDRESS	THE TYPE TO THE TOTAL TO THE TOTAL T				ADDRESS	
CITY-ST-ZIP	Clearwater, FL 3	3760 □ DELETE		TY-ST	T-ZIP	☐ Change ☐ Addition
TITLE			ILE AME		. ChangeAddudin	
NAME	Lubeck, Joseph	G			ADDRESS	,
STREET ADDRESS	SINEEL MODINGS 133 13 0 0 FFF 21 10 0 11 11			ITY-ST		
CITY-ST-ZIP	Clearwater, FL 3:	2 / ND	0.70			

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 029 ***150.00