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 #	P98000036910

1. Corporation Name

Principal Place of Business

MAY PROJECT III CORP.

7695 S.W. 1041H Miami Fl 33156	S1. S1E. 210	7696 S.W. 1041H S MIAMI FL 33156	51. SIE. 210
2. Principal Plac	ce of Business	2a. Mailing Addres	ss
:1		26	
Suite, Apt. #,	etc.	Suite, Apt #, 6	elc.
2		27	
City & State		City & State	
3		28	
Zip	Country	Zip	Country
	F (7001	[.].]

9. Name and Address of Current Registered Agent

Mailing Address

LITTMAN, ERIC P 7695 S.W. 104TH ST. STE. 210 MIAMI FL 33156

IVISION OF CORPORATIONS	99 MAR 23 PM 3: 34
)	STATE OF STATE



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			Applied Fo
5.	Certifcate of Status Desired	11	\$8.75 Addition Fee Required
6.	Election Campaign Financing Trust Fund Contribution	13	\$5.00 May Be Added to Fees
	This corporation owes the cum Personal Property Tax	ent year	Intangible [.]Yes []No
10	Name and Address of New R	tegistere	ed Agent
	Name and Address of New R O. Box Number is Not Accepta		ed Agent

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 registere office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's broard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82 Street A

83 84 City

SIGNATURE	Styriature typed or printed name of registered agent and trial if applicative (NOTE Re	jestered Agrist schwarze rega	re f where real status
12.	OFFICERS AND DIRECTORS	13.	ITIDGA
TITLE	DP [I DELETE	1.1 TITLE	
NAME.	LITTMAN, ERIC P	12 NAME	
STREET ADORESS	7695 S.W. 104TH ST. STE. 210	13 STREET ALIONESS	
CITY-ST-ZIP	MIAMI FL 33156	14 C(1Y-ST-Z)F	
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NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 C(1Y+ST+Z)P	
TITLE	[] DELETE	3 1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		3.4 CiTY-S1-ZW	
TITLE	□ DEFELE	41 TITLE	
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
City-St-ZiP		4.4 CiTY-ST-ZiP	
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NAME		52 NAME	
STREET ADDRESS		53 STREET ADORESS	
CITY-ST-ZIP		54 CITY-ST-ZIF	
TITLE	[] DELETE	611II(F	
NAME		62NAME	
STREET ADDRESS	į	63 STREET ACKRESS	
CITY-ST-ZIP	1	64 C(E) - 57 - 7(P)	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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DATE

[| Change [| Addition

[| Change f | Addition

F. I Change

14. Thereby 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 suppliemental annual emport is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the conjunction or the recovery or truetee 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:

ERIC P. LITTMAN