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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000049025

1. Corporation Name

MELROSE HOMES III, INC.

Principal	Place	of	Business

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90210 006 \*\*\*158.75



Principal Place	e of Business	Mailing Address				
2189 WEST 60T	TH STREET SUITE #205	2189 WEST 60TH STREET SI	UITE #205			
HIALEAH FL 330	016	HIALEAH FL 33016			TO MOTIVE IN THE OPACE	_
					DO NOT WRITE IN THIS SPACE	·
					3. Date Incorporated or Qualified 06/02/1998	
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number AQ2931	Applied For
21		26			(67-08) 119	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				75_Additional
22		27			5. Octahodis of Status Besides A	e Required
City & State	е	City & State				.00 May Be
23		28			Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible	
24	25	29 3	10		Personal Property Tax.	No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered Agent	
EANI	0 100E E		81	Name	14,	
	o, jose e ) west 60th street suite #20	nE	82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
		13				<u></u>
HIAL	EAH FL 33016		83	3		
			84	City	FL  85	Zip Code
	4-44	and 607 1509. Florida Statutes	the abou	re-named corr	poration submits this statement for the numose of changing	na its registered
office of te	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	/ the corporati	ion's board of directors. I hereby accept the appointment	as registered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statute	<b>S</b> .		
SIGNATURE	Signature, typed or printed name of registered agent	and title if profession (NOTE: P	agetered Age	ent sionatura require	ed when reinstating) DATE	[
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14. I hereby certify that the information supplied with this fling 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 peport 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 the tese 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: