PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999		DIVISION OF C	y of State CORPORAT	IONS	FILED		
DOCUMENT # P98000085053						99 MAR 23 PH 3: 02		
						Saunchiert OF STATE		
OCTOBE	r resources III	, INC.					(
]		
B S S S S S S S S S S S S S S S S S S S) (Dirigi) da 1818 (Biri Dirigi) della dirigi	#10/ 10/0/ 0/// 0/// 0//0/ 0//0/ 1/// 10/	
Principal Place of Business Mailing Address								
7695 S.W. 104TH STREET STE. 210 7695 S.W. 104TH STREET STE. 210 MIAMI FL 33156 MIAMI FL 33156						į		
						DO NOT WRITE IN TI	HIS SPACE	
						3. Date Incorporated or Qualified		
9 Drivered Di	ace of Business		illing Address	-		10/05/1998 4. FELNumber	L # x	
	ace or Business	} ~ ~	ning Address			4. Ft (Number	Applied For Not Applicable	
Suite, Apt. A	#. etc		ite, Apt. #, etc.				\$8.75 Additional	
22	,	27				5. Certificate of Status Desired []	Fee Required	
City & State)		y & State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	h- n		Countr	У	8. This corporation owes the current year		
24	25	29 29 ss of Current Registere		30]		Personal Property Tax 10. Name and Address of New Register	[Yes	
	9. Name and Addres	s of Corrent Registere	a Agent	81	Name	10. Maine and Address of Men Register	cu Agent	
	MAN, ERIC P							
	S.W. 104TH STREET	STE. 210		82	Street Ad	ldress (P.O. Box Number is Not Acceptable)		
MIAM	II FL 33156			83	3			
İ				84	City		85 Zip Code	
				١٥٠	City	F	FL 85 240 Code	
11. Pursuant 1	to the provisions of Sectional action	ons 607.0502 and 607.1	508, Florida Statut	es, the above	re named co	irporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered	
agent lar	n familiar with, and acce	pt the obligations of, Se	ction 607.0505, Flo	rida Statute	s.	and a board of directors. Thereby does printer by	positivient as registaved	
SIGNATURE			o e . e e . e . e . e . e . e . e . e .					
12.	Signature, typed or printed name	FICERS AND DIRECTO		Registered Apr	s fisignation requ	OATS ADDITIONS/CHANGES TO OFFICERS		ô
TITLE	SPD	I IOERO AND DIRECT	[] DELETE			ADDITIONS CHANGES TO OFFICE NO	[Change	*
NAME	LITTMAN, ERIC P			1.2 NAME	Ì			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS	7695 S.W. 104TH S	TREET STE. 210		13 STREE	T ADDRESS		Í	Š
City-St-ZiP	MIAMI FL 33156			14 OTV-	51-2i0 j			ã
TITLE			[] DELETE	2.1 117.8			[]Change []Addition	(
NAME				22 NAVE	İ			
STREET ADDRESS					LADDRESS		\	
CITY-S1-ZIP			[] DELETE	2 4 City	51-Zic		[] Change [] Addition	
TITLE NAME			I I NECE IC	31 TITLE 32 NAME)		1	
STREET ADDRESS				1	O ADORESS	10000281 -03/23/99-	5761-7	
CITY-ST-ZIP				34 CHY	Į.	-U5/23/33- 		
TITLE			[] DELETE	417/1/16		***1200.0	[]Change []Addition	
NAME				4 2 NAME				
STREET ADORESS				43.5 TRE	LADORESS			
CITY-ST-ZIP				4 4 CITY-	S1-ZIP			
TITLE			[DELETE	5 1 TITLE	}		[Change	
NAME				5.2 NAME				
STREET ADDRESS					TADORESS		n . L	^
CITY-ST-ZIP TITLE			[] DELETE	5.4 CiTY- 6.1 TITLE	31-2#		[] Criange And Lidi	}
NAME			t) OLCC) L	62 NAVE			KND	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 logal 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 executive fit with an address, with all other like empowered.

63 STREET ADDRESS

64 C(1) - \$1 - 2(P)

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ERIC P. LITTMAN

365.463.3333