## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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

08-24-1999 90006 034 \*\*\*188.75

DOCUMENT # P9800091780  MENAKER INVESTMENTS III, INC.		
Principal Place of Business	Mailing Address	 A HODRIOUR HIN IDIOL ROAM OURIS WOLL BOOK OURIS COURT HIN HIN ROOM SOME AND HOU

Principal Plac	e of Business	Mailing Address		4 100 stage seg 100 to 1010 segar asket asket and so
1502 E. BUENA	VISTA DR. #B1	P.O. BOX 22189		
LAKE BUENA V	ISTA FL 32830	LAKE BUENA VISTA FL 32830		DA MOT MOTE IN THIS SPACE
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/28/1998
	Mace of Business	2a. Mailing Address		4. FEI Number Applied For
	DIRECTORS KOW	26		59-3539/8) Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	SAME	5. Certificate of Status Desired \$8.75 Additional Fee Required
22 STE	500	City & State	MINIC	
_ ^	ANDO FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Zip	Country	28	Country	
24 3284		<b>⊢</b> '	m '	8. This corporation owes the current year Intangible Personal Property. Yes No
24 000	9. Name and Address of Current	<del></del>	<u>'</u>	10. Name and Address of New Registered Agent
	5. Harrie Zild Address Of Current	Kegistered Agent	81 Name	10. Haille and Address of New Registered Agent
MEN	AKER, MITCHELL G			
	E. BUENA VISTA DR. #B1		82 Street	Address (P.O. Box Number is Not Acceptable)
LAKE BUENA VISTA FL 32830			83	
		,		
			84 City	FL 85 Zip Code
11. Pursuant	t to the provisions of sections 607.0502	and 607.1508. Florida Statutes. t	he above-named c	orporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was auth	norized by the corp	oration's board of directors. I hereby accept the appointment as registered
	am tamınar witn, ario accept the obligati	ons of, section 607.0505, Florid	a Statules.	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	†,1 TITLE	Change Addition
NAME	MENAKER, MITCHELL G	<del></del>	1.2 NAME	
STREET ADDRESS	1502 E. BUENA VISTA DR. #B1		1.3 STREET ADDRESS	2815 DIRECTORS ROW STE 500 ORLANDO FL 32809
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830		1.4 CITY-ST-ZIP	ORLANDO FL 32809
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	~		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4,1 TITLE	Change Addition
NAME		ا مادد اد	4.2 NAME	Contaige D Addison
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		D BELETE	5.1 TITLE	Change Addition
NAME	}	DELETE	5.2 NAME	Change Addition
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>
TITLE		DELETE	6.1 TITLE	Change L_ Addition
NAME			6 2 NAME	
STREET ADDRESS			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 of 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 or an attachment with an address.

SIGNATURE

8-16-99

407 859-8489



August 16, 1999

## P98000091780 609067-90000-34

**Corporate Office** 

2815 Directors Row

Suite 500

Orlando, FL 32809

tel 407.859.8489

fax 407.859.9015

Ft. Lauderdale

Orlando

Miami

**Minneapolis** 

Florida Department of State Division of Corporations Registration Section P. O. Box 6327 Tallahassee, FL 32314

Doc. # M98000091780 FEI # 59-3539181 RE: Menaker Investments III, Inc.

We have just received your "2nd and Final Notice for filing our "Profit Corporation Annual Report 1999" This document is the very first notice received regarding the filing requirement.

Please find the enclosed check for \$188.75 as full payment for the Annual Report (also enclosed).

Thank you in advance for your patience and understanding. We will be more aware of this issue next year and there will not therefore be a repeat of this problem.

Yours truly

Margaret Brian Office Manager

Margaret Brian

