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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED May 13 1997 8:00am Secretary of State

rporation Name	#	5/8//5
NA LINE WILLIAM	141	11.45

COX VENTURES III, INC.

Principal Place of Business Mailing Address					-			
2 1/2 VIA DELI PENSACOLA BI US		3107 WOODSWAY GULF BREEZE FL 32524 US	ŀ					
					3. Date Incorporated or Qualified 09/05/1991	3a. Date of Las 04/30/1996	,	
	lace of Business	2e. Mailing Address			4. FEI Number		Applied For	
21	4 -1-	26			59-3158526		Not Applicable	
Sulte, Apt.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	7	5 Additional Required	
City & State	8	City & State			6. Election Campaign Financing		00 May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution		ed to Fees	
24	25	32561	30		B. This corporation has flability for Efforida Statutes	intangible tax unde Ki Yes 🏻 No	ir s. 199.032,	
	9. Name and Address of Curren				10. Name and Address of New Re			
COX	CHAN E		81	Name				
	PIEDMONT RD		82	Stroot Adde	ęss (P.O. Box Number is Not Acceptat	ala)		
	SACOLA FL 32503		62	207 P	inetree	ле)		
			83					
			84	City		85 Z	ip Code	
				Gulf l	Breeze	- FL 3	32561	
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.1508, Florida Stat	lules, the above	named corp	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose of changing	g its registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statutes	ine corporati	ions board of directors. Thereby accep	л ию арропинен	as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered ago OFFICERS AND		K/TE: Registered Ager	t signalure requin		DATE	ODO III 40	
TITLE	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	K Chang		
NAME	COX, CHAN E	C) becel	1.2 NAME			Z Chang	je Addition	
STREET ADDRESS	PIEDMONT RD 3715		1.3 STREUL	INDRESS .	207 Pinetree			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST		Gulf Breeze, FL 32561	r		
TITLE	VD	☐ DELETE	2.1 TITLE		dari breeze, rh 32301	[_] Chang	ge Addition	
NAME	MONTGOMERY, ROBERT		2.2 NAME				,	
STREET ADDRESS	3701 CYLON DRIVE		2.3 STREET /	ADDRESS				
CITY-ST-ZIP	Gulf Breeze Fl		2. # CITY - S	r-21P				
TITLE		☐ DELETE	3.1 T(TLF			Chang	ge 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	!-7IP		····		
TITLE		L DELETE	4.1 THTLE			L Chang	ge [_] Addition	
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREET	j				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST	- ZIP		☐ Chang	ge Addition	
NAME		L Dittil	5.1 THE 5.2 NAME	}			Jo Lun Modition	
STREET ADORESS			5.3 STREET A	Innerse				
CITY-ST-ZIP			5.4 CITY-ST					
TITLE		DELETE	6.1 TITLE	- 611		☐ Chang	ge Addition	
NAME			6.2 NAME				, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS			6.3 STREET	ADDRESS				
			a.o o neet r	- SINE SU				

I do 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 eath; 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.

SIGNATIFIE