

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1996 8:00 am
Secretary of State

DOCUMENT # **M04522 (2)**
1. Corporation Name
PORT LAUDANIA, INC.



Principal Place of Business Mailing Address
1100 NE 7TH AVE. SUITE C STE. A DANIA FL 33004-9502 US

3. Date Incorporated or Qualified **08/28/1984** 3a. Date of Last Report **05/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

4. FEI Number **59-2438128** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~HOUSTON, BART~~
~~180 NE 9RD AVE., SUITE 850~~
~~FT. LAUDERDALE FL 33304~~

10. Name and Address of New Registered Agent
81 Name **HOUSTON, J. EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable) **1100 N.E. 7th Avenue**
83 **Suite "A"**
84 City **Dania** FL 85 Zip Code **33004**

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

SIGNATURE *J. Edward Houston* **May 2, 1996**

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | HOUSTON, J. EDWARD | |
| STREET ADDRESS | 1100 NE 7TH AVE #A | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TAGG, JOANN H. | |
| STREET ADDRESS | 1100 NE 7TH AVE #A | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | JIMENEZ, VINCENT W | |
| STREET ADDRESS | 1100 NE 7TH AVENUE, STE. A | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PHIPPS, ZADA B | |
| STREET ADDRESS | 1100 NE 7TH AVENUE, STE. B | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HOUSTON, PATRICIA P. | |
| STREET ADDRESS | 1100 NE 7TH AVENUE, STE. B | |
| CITY - ST - ZIP | DANIA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 attachment with an address.

SIGNATURE: *J. Edward Houston* J. Edward Houston, President, 5/2/96, (954) 920-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)