

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90156 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M04522**

1. Corporation Name  
**PORT LAUDANIA, INC.**



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

Mailing Address  
 1100 NE 7TH AVE  
 STE. A  
 DANIA FL 33004-9502  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**08/28/1984**

4. FEI Number  
**59-2438128**

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 owes the current year Intangible Personal Property Tax.  Yes  No

**9. Name and Address of Current Registered Agent**

**LOVING, JACK R**  
 1323 SE THIRD AVENUE  
 FORT LAUDERDALE FL 33316

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                            |                                 |
|----------------------------|----------------------------|---------------------------------|
| TITLE                      | DP                         | <input type="checkbox"/> DELETE |
| NAME                       | PHIPPS, PATRICIA BURDI     |                                 |
| STREET ADDRESS             | 1100 NE 7TH AVE #A         |                                 |
| CITY-ST-ZIP                | DANIA FL                   |                                 |
| TITLE                      | S                          | <input type="checkbox"/> DELETE |
| NAME                       | BATES, BRETTE B            |                                 |
| STREET ADDRESS             | 1100 NE 7TH AVE #A         |                                 |
| CITY-ST-ZIP                | DANIA FL                   |                                 |
| TITLE                      | T                          | <input type="checkbox"/> DELETE |
| NAME                       | HOOTON, ZADA DUTTON        |                                 |
| STREET ADDRESS             | 1100 NE 7TH AVENUE SUITE A |                                 |
| CITY-ST-ZIP                | DANIA FL 33004             |                                 |
| TITLE                      |                            | <input type="checkbox"/> DELETE |
| NAME                       |                            |                                 |
| STREET ADDRESS             |                            |                                 |
| CITY-ST-ZIP                |                            |                                 |
| 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 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 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, with all other like empowered.

SIGNATURE: *Patricia Burdi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034-(11/98)