


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

0112188

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90036 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S14310

1. Corporation Name
PORTER WORLD TRADE, INC.

Principal Place of Business 212 N. ATLANTIC AVE. COCOA BCH. FL 32910	Mailing Address 212 N. ATLANTIC AVE. COCOA BCH. FL 32910
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 226 N. ATLANTIC AVE. Suite, Apt. #, etc. 22 City & State 23 COCOA BEACH, FL Zip 32931 Country USA 24 25		2a. Mailing Address 26 226 N. ATLANTIC AVE. Suite, Apt. #, etc. 27 City & State 28 COCOA BEACH, FL Zip 32931 Country USA 29 30		3. Date Incorporated or Qualified 11/19/1990	4. FEI Number 59-3038133 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PORTER, JOHN K 212 NORTH ATLANTIC AVENUE COCOA BEACH FL 32910				10. Name and Address of New Registered Agent 81 Name PORTER, JOHN K 82 Street Address (P.O. Box Number is Not Acceptable) 226 N. ATLANTIC AVE. 83 84 City COCOA BEACH FL 85 Zip Code 32931			
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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 _____ DATE **1-5-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN K.	1.2 NAME	
STREET ADDRESS	12-J CAPE SHORES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	PS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCINSKY, JOHN L.	2.2 NAME	
STREET ADDRESS	521 ESCAMBIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JEAN JONES	3.2 NAME	
STREET ADDRESS	6315 N ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, MICHELLE	4.2 NAME	
STREET ADDRESS	12-J CAPE SHORES BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, HELEN	5.2 NAME	
STREET ADDRESS	200 INTERNATIONAL DR, #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **1-5-99**
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)