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May 06 1997 8:00am
Secretary of State

•PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V45802 (8)
 1. Corporation Name
PORT DANIA, INC.



Principal Place of Business
**1100 NE 7TH AVE
 SUITE A
 DANIA FL 33004
 US**

Mailing Address
**1100 NE 7TH AVE
 SUITE A
 DANIA FL 33004-2598
 US**

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

3. Date Incorporated or Qualified 06/24/1992	3a. Date of Last Report 05/10/1996
4. FEI Number 65-0348375	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOUSTON, J. EDWARD
 1100 NE 7TH AVE.
 SUITE A
 DANIA FL 33004**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, J. EDWARD	
STREET ADDRESS	1100 NE 7TH AVE, STE. A	
CITY - ST - ZIP	DANIA FL	
TITLE	JD	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, VINCENT W.	
STREET ADDRESS	1100 NE 7TH AVE, STE. A	
CITY - ST - ZIP	DANIA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAGG, JOANN H.	
STREET ADDRESS	1100 NE 7TH AVE., STE. A	
CITY - ST - ZIP	DANIA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, PATRICIA R.	
STREET ADDRESS	1100 NE 7TH AVENUE, STE. B	
CITY - ST - ZIP	DANIA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIELDS, LEBRON	
STREET ADDRESS	1100 NE 7TH AVE., STE. D	
CITY - ST - ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAYO, TAMMY HARRIS	
1.3 STREET ADDRESS	1100 N.E. 7th Avenue, Ste. A.	
1.4 CITY - ST - ZIP	DANIA, FL 33004	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOUSTON, J. BRETT	
2.3 STREET ADDRESS	1100 N.E. 7th Avenue, Ste A	
2.4 CITY - ST - ZIP	DANIA, FL 33004	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOUSTON, J. EDWARD	
4.3 STREET ADDRESS	1100 N.E. 7th Avenue, Ste A	
4.4 CITY - ST - ZIP	DANIA, FL 33004	
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 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.

SIGNATURE:  **Tammy Harris Mayo, President, 4/28/97, (954)920-2581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYCARE FICHE # _____

CR2E034 (9/96)