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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 414402 1. Corporation Name

NORTH PORT OFFICES, INC.

									3 55 555 1 551	
Principal Place	e of Business	Mailing Address	•			'	,			• :
13801A TAMIAMI TRAIL NORTH PORT FL 34287-2017		13801A TAMIAMI TRAIL NORTH PORT FL 34287-2017				DO NOT W	RITE IN THIS S	SPACE	, · ·	
					3	., Date Incorporated or Qualife				
						12/11/1972				
2 Principal Pl	lace of Business	2a. Mailing Address			4	FEI Number	····	App	lied For	
2. Principal Place of Business		26				59-1481706		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	dditional	. Y.
22		27		•	5	Certificate of Status Desired		Fee,Rec	uired `	
City & State		City & State			6	Election Campaign Financing	g	\$5.00 +	May Be	
23		28				Trust Fund Contribution	* <u> </u>	Added to		
Zip	Country	Zip	Coun	try	8	This corporation owes the cu	irrent year Intai	ngible		
24 25		29	29 30			Personal Property Tax.			□No	
	9. Name and Address of Curr	ent Registered Agent			10	. Name and Address of New	Registered A	gent		
			-	81 Name		Ì			i	
	LOR, CORD C		- h	B2 Street	Address (P.O. Box Number is Not Accep	ptable)		·	
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Converse Const.	*1 * *									
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	autnonzea	by the corbo	corporation s b	on submits this statement for the court of directors. I hereby account to the court of the court	sapt tile appoint	tment as reg	istered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Floringent and title if applicable. (NOT)	authorized orida Statut E: Registered A	tes.	oration's t	n reinstating) (2.17)	DATE	unerit as reg		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

19 Jan 1999 941 926 1193

FILED

Feb 10, 1999 8:00am

Secretary of State

A LOUBERT BERNE FERST REGEL BERNE HOLDE FERST REGEL BERKE REGEL REGEL REGEL REGEL REGEL REGEL

02-10-1999 90058 033 ***150.00