

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

FILED

**Mar 13 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 # 508570 (9)
1. Corporation Name
PORT GRIFFIN, INC.



Principal Place of Business
**8001 GRIFFIN RD.
FT. LAUDERDALE FL 33312**

Mailing Address
**3001 GRIFFIN RD.
FT. LAUDERDALE FL 33312-5649**

3. Date Incorporated or Qualified
06/01/1976

3a. Date of Last Report
02/02/1996

2. Principal Place of Business
21 **3390 SW 134 Terrace**
Suite, Apt. #, etc.

22
City & State
23 **Davie FL**
Zip Country
24 **33330** 25 **U.S.**

2a. Mailing Address
26 **3390 SW 134 Terrace**
Suite, Apt. #, etc.

27
City & State
28 **Davie FL**
Zip Country
29 **33330** 30 **U.S.**

4. FEI Number
59-1907995

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
**JONES, SHIRLEY
3001 GRIFFIN RD.
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name
Jones, Shirley

82 Street Address (P.O. Box Number is Not Acceptable)
3390 SW 134 Terrace

83

84 City
Davie FL 85 Zip Code
33330

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | JONES, SHIRLEY | |
| STREET ADDRESS | 3001 GRIFFIN RD | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | JONES, PAUL | |
| STREET ADDRESS | 3001 GRIFFIN RD | |
| CITY-ST-ZIP | FT LAUDERDALE, F L. | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | LOPEZ, ED | |
| STREET ADDRESS | 3001 GRIFFIN RD | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Jones, Shirley | |
| 1.3 STREET ADDRESS | 3390 SW 134 Terrace | |
| 1.4 CITY-ST-ZIP | Davie FL 33330 | |
| 2.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Jones, Paul | |
| 2.3 STREET ADDRESS | 3390 SW 134 Terrace | |
| 2.4 CITY-ST-ZIP | Davie FL 33330 | |
| 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 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: *Shirley Jones* 3 8 97 GEN 270 2222

CR2E034 (9/96)