

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **689117** (0)

1. Corporation Name
VAN PORTFLEET CONSTRUCTION, INCORPORATED



Principal Place of Business
**1321-B SOUTH KILLIAN DRIVE
LAKE PARK FL 33403**

Mailing Address
**1321-B SOUTH KILLIAN DRIVE
LAKE PARK FL 33403**

3. Date Incorporated or Qualified
09/25/1980

3a. Date of Last Report
02/14/1995

2. Principal Place of Business
21. Suite, Apt. #, etc.

2a. Mailing Address
26. Suite, Apt. #, etc.

4. FEI Number
59-2029891

Applied For
 Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip

28. Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country

25. Country

29. Country

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**VAN PORTFLEET, GARY
9239 W. HIGHLAND PINES DR.
PALM BEACH GARDENS 33418**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code **FL**

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 *Gary Van Portfleet*

(NOTE: Registered Agent signature required when reinstating)

3/7/96
DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN PORTFLEET, GARY	
STREET ADDRESS	9239 W. HIGHLAND PINES DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VAN PORTFLEET, KIM E.	
STREET ADDRESS	9239 W. HIGHLAND PINES DRIVE	
CITY-ST-ZIP	PALM BCH GARDENS FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kim Van Portfleet* *Kim Van Portfleet*

3/7/96

407-842-5285

Date

Daytime Phone #

CR2E034 (12/95)