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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852000

1. Corporation Name

PORTER	DALE CORPORATION N.V.										
Principal Place	of Business	Mailir	ng Address					i indian ifildt blitch tilbt paret antit dat	61811 618	1) 9 1911 9(81) 91	911 9 1911 1491
C/O WILLIAM P. MCCURRY. CPA 21301 POWERLINE ROAD. SUITE 204 BOCA RATON FL 33433 C/O WILLIAM P. MCCURRY. CPA 21301 POWERLINE ROAD. SUITE 204 BOCA RATON FL 33433							1	DO NOT WRITE IN Date Incorporated or Qualifed	I THIS S	SPACE	
								03/01/1982			Nod For
2. Principal Place of Business 2a. Mailing Address								FEI Number	,		lied For Applicable
21 26 Suite Apt # etc. Suite Apt #, etc.							+	59-2160219		\$8.75 A	
Suite, Apt.	#, etc.		27 Suite, Apr. #, etc.				_ <u>5</u> .	Certificate of Status Desired	٠.	Fee Rec	
City & State			City & State				-	Election Campaign Financing		\$5.00	Aav Ba
23	5	-	28				6.	Trust Fund Contribution		Added to	
Zip	Country	Zi	D	Coul	ntry		8	This corporation owes the current y	ear Inta	ngible	
24	25	29		30	-		J	Personal Property Tax.			No
27	9. Name and Address of Curre						10.	Name and Address of New Regis	tered A	gent	
					81	Name					
MCCURRY, WILLIAM P.					82	Stroot Addr	ace /D	O. Box Number is Not Acceptable)	• •		
21301 POWERLINE RD. STE 204					02	Street Addi	699 (L	.O. Box Number is Not Acceptable)			
BOCA RATON FL 33433					83						
					84	0:1-		<u> </u>		85 Zip C	ode
						City			FL	83 Zip C	ode
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											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered						t signature required			ATE		
12.	OFFICERS AI	1D DIRECT		13.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TIT						□ Change	☐ Addition
NAME	FIRST INDEPENDENT TRUST	_		1.2 NA		İ					
STREET ADDRESS	7 ABRAHAM DE VEERSTRAAT					ADDRESS					
CITY-ST-ZIP					1.4 CITY-ST-ZIP					Change	Addition
TITLE			2.1 TIT						Criange	T Moonou	
NAME	20/10, 0002/1111			2.2 NA							-
STREET ADDRESS	7764 NW 44TH ST					ADDRESS	_		<u></u> .		
CITY-ST-ZIP				2. 4 Cf		T-ZIP				☐ Change	Addition
TITLE			□ nece ie	3.1 TIT						criange	
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. CI		T-ZIP			<u> </u>	Change	Addition
TITLE			□ ncreie	4.1 TIT					•		
NAME				4. 2 N		***************************************					į
STREET ADDRESS						ADDRESS		:		•	
CITY-ST-ZIP			DELETE	4.4 CII		T-ZIP	····			Change	☐ Addition
TITLE			- DELETE	5.1 III				. •			
NAME				A.T. 180		ı		·-			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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TTLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

☐ Change