

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 # F20187 (3)

1. Corporation Name  
PORT ROYAL TAPES, INC.



Principal Place of Business  
~~1020-B SW 10TH AVENUE BAY #4~~  
~~POMPANO BEACH FL 33069~~

Mailing Address  
~~1020-B SW 10TH AVENUE BAY #4~~  
~~POMPANO BEACH FL 33069~~

2. Principal Place of Business  
21 1312 S.E. 1ST WAY  
Suite, Apt. #, etc.  
22  
City & State  
23 DEERFIELD BEACH FL  
Zip  
24 33441  
Country  
25 BROWARD  
26 1312 S.E. 1ST WAY  
Suite, Apt. #, etc.  
27  
City & State  
28 DEERFIELD BEACH FL  
Zip  
29 33441  
Country  
30 BROWARD

3. Date Incorporated or Qualified 02/17/1981  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-2082411  
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. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'GRADY, FRANCES M  
1312 SW FIRST WAY  
DEERFIELD BEACH FL 33441

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

Signature typed or printed name of registered agent and the corporation

Date of Signature

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	O'GRADY, WILLIAM T JR.	<del>1020-B SW 10TH AVE #4</del>	<del>POMPANO BEACH FL</del>	<input type="checkbox"/>
TD	O'GRADY, FRANCES M.	1312 SE 1ST WAY	DEERFIELD BEACH FL	<input type="checkbox"/>
VD	GEORGE RISSLE	3624 SE 23 ST	FT. LUDERDALE FL	<input checked="" type="checkbox"/>
SD	STEPHAN F. RICCO	1321 SE 1 AVE	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
		1312 S.E. 1ST WAY	DEERFIELD BEACH, FL 33441	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Frances M. O'Grady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/96*  
DATE

DAYTIME PHONE

CR2E034 (12/95)