

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:21

DOCUMENT # **F66485** (6)

PORDAL INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **719 BAYVIEW AVENUE ST. PETERSBURG FL 34619**
Mailing Address: **719 BAYVIEW AVENUE ST. PETERSBURG FL 34619**

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 02/08/1982 | 3a. Date of Last Report 02/16/1994 |
| 4. FEI Number 59-2162324 | Applied Fee Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under § 199.012, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 2. Principal Place of Business 719 BAYVIEW AVENUE ST. PETERSBURG FL 34619 | 2a. Mailing Address 719 BAYVIEW AVENUE ST. PETERSBURG FL 34619 |
| 22. State App # of | 27. State App # of |
| 23. City, State | 28. City, State |
| 24. Zip | 29. Zip |
| 25. County | 30. County |

9. Name and Address of Current Registered Agent

**STIFEL, MICHAEL
719 BAYVIEW BLUE
CLEARWATER 34619**

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 law herein set forth and the Florida Statutes, the above named corporation submits this statement for the purpose of checking its registered office in compliance with the laws of the State of Florida. The Florida Statutes authorize by the corporation's board of directors, I, hereby accept the appointment as registered agent. I am a resident of Florida and accept the responsibility of this appointment as required by law.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER PERSONNEL | |
|----------------------------|-----------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| NAME | P STIFEL, MICHAEL | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 719 BAYVIEW AVE | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY | CLEARWATER FL | CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE | | STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP | | ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| POSITION | | POSITION | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DATE | | DATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ... | ... | ... | ... |

14. I hereby certify that the information supplied in this report is true and correct, and that I am a resident of Florida. I understand that any false or misleading information provided in this report may result in the revocation of the corporation's license to do business in Florida. This report is required by Chapter 199, Florida Statutes, and the filing of this report is a condition of the corporation's license to do business in Florida.

SIGNATURE: *[Signature]* **MICHAEL STIFEL** 1-10-94 813-797011