

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F71743

(1)

1. Corporation Name

PORT BOUGAINVILLE, INC.



Principal Place of Business

101 CRANDON BOULEVARD
SUITE 173
KEY BISCAYNE FL 33149-1505

Mailing Address

101 CRANDON BOULEVARD
SUITE #175
KEY BISCAYNE FL 33149-1505
US

2. Principal Place of Business

21 240 Crandon Blvd

Suite, Apt. #, etc.

22 106

City & State

23 Key Biscayne, FL

Zip

24 33149

2a. Mailing Address

26 240 Crandon Blvd

Suite, Apt. #, etc.

27 106

City & State

28 Key Biscayne, FL

Zip

29 33149

Country

30

3. Date Incorporated or Qualified

03/02/1982

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2171005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

9. Name and Address of Current Registered Agent
KIENE, H. J
240 CRANDON BLVD.
SUITE 202
KEY BISCAYNE FL 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTDS
SCHARENBERG, FRITZ E
101 CRANDON BLVD., #175
KEY BISCAYNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

☐ Change

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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 or changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

(305) 361-3319

CR2E034 (12/95)