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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F84986** (1)

1. Corporation Name:
PORTFOLIO MANAGEMENT ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**211 RIVER DR.
P.O. BOX 4079
TEQUESTA FL 33469
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/11/1982** 3a. Date of Last Report **06/23/1994**
4. FEI Number **59-2199736** 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. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **391 Evergreen Ave.** 26
Suite, Apt. # etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Tequesta, FL.** 28
24 **33469** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**HOOD, WALTON DONNIE, IV
211 RIVER DR.
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
391 Evergreen Ave.
83
84 City **Tequesta,** 85 **FL** Zip Code **33469**

11. Pursuant to the provisions of Sections 607.0505 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 **Walton Donnie Hood IV - Pres** **Walton Donnie Hood IV - Pres PML, Inc** **5/10/95**
(Signature and typed or printed name of registered agent) (Signature and typed or printed name of corporation representative) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HOOD, WALTON D., IV
STREET ADDRESS	211 RIVER DR.
CITY, ST, ZIP	TEQUESTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	391 Evergreen Ave
14 CITY, ST, ZIP	Tequesta, FL 33469
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is verifiably true and does not qualify for the exemption stated in Section 130.07(3)(b), Florida Statutes. I further certify that the information included 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 person or persons responsible to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment only as address.

SIGNATURE: **Walton Donnie Hood IV - Pres PML, Inc.** **5/10/95** **(407) 743-9858**
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)