

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90050 044 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F84986**

1. Corporation Name  
**PORTFOLIO MANAGEMENT ENTERPRISES, INC.**

Principal Place of Business

17937 D THELMA AVE  
 JUPITER FL 33458  
 US

Mailing Address

P. O. 4079  
 TEQUESTA FL 33469  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1982

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **724 Sanctuary Cove Dr.**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 **North Palm Beach, FL**

City & State

28 Zip Country

Zip Country

24 **33410** 25 **US**

29 Zip Country 30

9. Name and Address of Current Registered Agent

**HOOD, WALTON DONNIE, IV**  
~~391 EVERGREEN AVE.~~  
~~TEQUESTA FL 33469~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**724 Sanctuary Cove Dr.**

84 City **North Palm Beach**

85 Zip Code **FL 33410**

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 *Walton Donnie Hood - Pres.*

DATE **2/22/99**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>PSD</b>			<input type="checkbox"/>
	<b>HOOD, WALTON D., IV</b>	<b>17937 D THELMA AVE</b>	<b>JUPITER FL</b>	<input 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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		<b>724 Sanctuary Cove Dr.</b>	<b>North Palm Beach, FL. 33410</b>	<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"/>

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.

SIGNATURE: *Walton Donnie Hood - Pres.* **Walton Donnie Hood** **2-22-99** **561-625-3535**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)