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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J08019 1. Corporation Name

MICHAEL W. PORTER, P.A.

Oringinal Dio	on of Puninger	Mailing Addyses					
Principal Place of Business 535-49TH ST. N.		Mailing Address 535 49TH STREET NORTH				•	
			ST. PETERSBURG FL 33710-7319				
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					04/07/1986		
	Place of Business	2a. Mailing Address			4. FEI Number	Щ	Applied For
21 Suite, Apt.	# ata	Suite, Apt. #, etc.			59-2654432	60.7	Not Applicable
22 Suite, Apr.	. #, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & Star	te	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	1 1	ed to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curr		***
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered Agent	: .
DOD	RTER, MICHAEL W.		81	Name			
	49TH ST N		82	Street Add	Iress (P.O. Box Number is Not Accepta	able)	
	PETERSBURG FL 33710		<u></u>		. 16 #3 Set 1 20 Att. 272	niem (Ana Michiel Prada de 1911 - 1916	C11 41971 84011 1797
01.	reference for to		83				
			84	City			ip Code
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office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing at the appointment as	its registered registered
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	uthorized by	the corporati	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing of the appointment as	its registered registered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90009 044 ***150.00