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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 13 1997 8:00am

Secretary of State

96/6

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J15724

(4)

POR-TA TARGET, INC.

CITY-ST-Z-P

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 515 GRANT ROAD 515 GRANT ROAD PALM BAY FL 32009 PALM BAY FL 32909-7108 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1986 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2676124 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes Yes \square No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, RICHARD O. 81 Name 1250 EARL GALLIE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable 1250 Eau Gallie Blvd. S SUITE J MELBOURNE FL 32935 83 84 City Zip Code 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 Signature Typed or persec name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Ti) .F 1.1 TITLE Change Addition SCHOLEM, PAUL F. NAME 1.2 NAME **515 GRANT ROAD** STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL CITY-St-ZIP 1.4 CITY - ST- ZIP סד DELETE TITLE 2.1 TITLE Change Addition SCHOLEM, DEBBIE B. 2.2 NAME 515 GRANT ROAD STREET ADORESS 2.3 STREET ADDRESS PALM BAY FL CITY-\$1-769 2. 4 CITY-ST-ZIP DELETE THEF 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3.4. CITY-ST-ZIP DELETE THLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREFT ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY- ST-ZiP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY-\$T-ZIP 14. I do 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 armual report or supplemental annual report is the end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the congoration of the receiver or trustee and the end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the congoration of the receiver or trustee and end accurate this report as required by Chapter 607, Florida Statutes; and that my name

2-6-97

Dale

407-725-9911

Davime Phone #