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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J36450 (1)  
1. Corporation Name  
EASTPORT REALTY, INC.

Principal Place of Business

2642 SE IBIS AVE.  
P.O. BOX 8242  
PORT ST. LUCIE FL 34985  
US

Mailing Address

2642 SE IBIS AVE.  
P.O. BOX 8242  
PORT ST. LUCIE FL 34985-8242



3. Date Incorporated or Qualified 10/01/1986	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2728264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

FARRELL, RICKEY L.  
1595 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE FL 34952

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

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
NAME PD  
STREET ADDRESS HERRMANN, DAVID  
CITY-ST-ZIP 2642 S.E. IBIS AVE.  
PORT ST. LUCIE FL

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)