## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name J87383

(2)

DAVID B. PURTER P.A									
Principal Place of	f Business	Mailing /	Address			i Ladinin Ridt (filt) såban sjin; enge	* *111 At&(( #1811		11911 <b>41911 1941</b>
X1X7X0X1XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			WHUNIXSUKER NGKIN XIXSOM						
	MMINGBIRD WAY # PALM BEACH, FL,		208 SAME 33408			3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1987 04/06/1995			
2. Principal Place			ng Address			4. FEI Number 59-2842896		h	Applied For Not Applicable
Suite, Apt. #,	etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	П	+	Additional
22		27				Fea Required  6. Election Campaign Financing \$5.00 May Be			
City & State		28 City	& State			Trust Fund Contribution			U May Be d to Fees
, Zip	Country	Žιρ		Country	,	8. This corporation has liability for		k under s	199.032,
24	25	29		30	<del>-</del>		i □No		
ζ	9. Name and Address of Curre	nt Registered	Agent	01	[ No	10. Name and Address of New	Registered A	gent	
				81	Name				
	PORTER, DAVID B				Street Add	ddress (P.O. Box Number is Not Acceptable)			
	12200 MARTENAST WEST ZALINDERACKOFK X34XXX X			63	<del> </del>				
711 H	UMMINGBIRD WAY	# 208		-				TOF 1 -/.	o Codo
มกักกับ	PALM BEACH, F	، 3340	08	84	City		FL	<b>85</b> Zq	p Code
SIGNATURE	graffine typed or probablished of registered age OFFICERS AF	standesk fragnism ND DIRECTOR		E. Regelbred Age.	nt Signatura respons	ADDITIONS/CHANGES TO OF			
TITLE	PVT		DELETE	1 h TINLE			[	Change	Addit on
NAME	PORTER, DAVID B.	SAME	ADDRESS	1.2 NAME					
STREET ADDRESS	X2790X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			13511761	T ADDRESS				
CITY - ST - Z P	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AS #	9 □ DELETE	1 4 CITY 2 1 TITLE	ST-ZIP			Change	☐ Add:tion
TITLE NAME				2.2 NAME			_		
STREET ADDRESS					LADDRESS				
City-St-Z-P				2.4 CITY -	ST-ZIP				
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NAME				3.2 NAMÉ					
STREET ADDRESS					E1 ADDRESS				
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CITY-ST-ZIP				4.3 STILL					
TITLE			☐ DELETE	5 1 T-TLE		4000018 -05/15/9601	224	<b>334</b> -ge	Addition
NAME				5.2 NAME		-05/15/9601	05002	20	
STREET ADDRESS				5.3 STHEE	T ADDRESS	***200.00			
CITY - ST - ZIP				5.4 CFY -			- 5,	T Chann	☐ Add±.aa
TITLE			DELETE	6 1 TITLE			~, [	Change	☐ Addition
NAME				6.2 NAME			212		
STREET ADDRESS					EL ADORESS		10		
CITY-S1-ZIP	contact that the information consulies	i with the fline	us voluntarily form	6.4 CITY-	es not qualify	for the exemption stated in Section 11	9.07(3)(k), Flo	rida Statu	ites. I further
certify that l	the intermedian indicated on this or	nual report or poration or the	supplemental anni : receiver or truster	ual report is t e empowered	rue and accu	rate and that my signature shall have the his report as required by Chapter 607,	e same legal	EHELL HS	n made under

SIGNATURE: DAVID B. PORTER P.A. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-793-3663