

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K27666 (2)
1. Corporation Name:
PORTSIDE SERVICES, INC.

Principal Place of Business
**1872 SW 29TH AVENUE (33312)
P.O. BOX 030171
FT. LAUDERDALE FL 33303**

Mailing Address
**1872 SW 29TH AVENUE (33312)
P.O. BOX 030171
FT. LAUDERDALE FL 33303**

**APPROVED
AND
FILED**

95 MAY 23 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created		3a. Date of Last Report	
21		2a		07/06/1988		06/23/1994	
22		2b		4. FEI Number		Applied For	
23		2c		65-0057653		Not Applicable	
24		2d		5. Certificate of Status Issued		8.75 Additional Fee Required	
25		2e		6. Election Campaign Financing Trust Fund Contributions		5.00 May Be Added to Fees	
26		2f		7. This corporation has not been organized under the laws of Florida Statutes		Yes ☐ No ☐	
27		2g		8. This corporation has not been organized under the laws of Florida Statutes		Yes ☐ No ☐	
28		2h		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		2i		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
30		2j		83		84 City	
31		2k		85		86 Zip Code	

**HRAWG CORP.
2000 GLADES RD
SUITE 400
BOCA RATON FL 33431**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85	86 Zip Code
				FL	

11. I, the undersigned, the person named in Sections 607.01(2)(b) and 607.01(2)(c) Florida Statutes, the above named corporation, hereby certify the statement for the purpose of having its registered office in the State of Florida. Such change was authorized by the corporation's board of directors, thereby acting in the appointment of a registered agent. I am a duly authorized officer of the corporation as provided in Section 607.01(2)(b) Florida Statutes.

12. OFFICERS AND DIRECTORS: 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: PTO NIELSEN, WILLIAM H. 1872 SW 29TH AVENUE FT LAUDERDALE FL	1. NAME: ☐ Change ☐ Addition
NAME: SVD NIELSEN, MARY ANN 1872 SW 29TH AVENUE FT LAUDERDALE FL	2. NAME: ☐ Change ☐ Addition
	3. NAME: ☐ Change ☐ Addition
	4. NAME: ☐ Change ☐ Addition
	5. NAME: ☐ Change ☐ Addition
	6. NAME: ☐ Change ☐ Addition
	7. NAME: ☐ Change ☐ Addition
	8. NAME: ☐ Change ☐ Addition
	9. NAME: ☐ Change ☐ Addition
	10. NAME: ☐ Change ☐ Addition
	11. NAME: ☐ Change ☐ Addition
	12. NAME: ☐ Change ☐ Addition
	13. NAME: ☐ Change ☐ Addition
	14. NAME: ☐ Change ☐ Addition
	15. NAME: ☐ Change ☐ Addition
	16. NAME: ☐ Change ☐ Addition
	17. NAME: ☐ Change ☐ Addition
	18. NAME: ☐ Change ☐ Addition
	19. NAME: ☐ Change ☐ Addition
	20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this corporation's status as a "small" corporation under Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that the report or statement shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears on the report or statement. I am changing or am attaching hereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Nielsen **MARY ANN NIELSEN 5/13/95 305 739-0731**

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UNITED STATES DEPARTMENT OF STATE
 Sandra H. Northing
 Director, Policy
 Bureau of Intelligence and Research
 Washington, D.C. 20520-1204

DOCUMENT # **K28394**

1. Introduction

(0)

REGGIE'S ON BLANDING, INC.

**7909 BLANDING BLVD
JACKSONVILLE FL 32210**

**3909 BLANDING BLVD
JACKSONVILLE FL 32210**

Do NOT write in this space

3. Date of Appointment or Election	38. Date of Last Report
07/07/1988	05/01/1994

4. <u>Eligibility</u>	Applicable
<u>59-2898323</u>	Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
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French Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, LINDA G.
3909 BLANDING BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

01	Name	
02	Street Address (P.O. Box Number is Not Acceptable)	
03		
04	City	
05	Zip Code	

11. Pursuant to the provisions of Sections 602, 603(a) and 607, Florida Statutes, the above-named corporation, hereafter, the corporation, for the purpose of changing its registered office or registered agent or both at the State of Florida, has changed and authorized by this corporation's board of directors, hereby accept the appointment as registered agent I am hereby authorized, appointed, and designated, to execute and file with the Secretary of State the following:

5.1. INTRODUCTION

[illegible]

¹ *See* e.g., *United States v. Gurnea*, 199 F.3d 1005, 1010 (9th Cir. 2000).

100

12 THE JOURNAL OF LAW, ECONOMICS, & ORGANIZATION, V16 N1

ADDITIONAL CHANGES TO OFFICERS AND LIEUTENANTS:

STREET ADDRESS 1	SD
STREET ADDRESS 2	SMITH, LINDA G.
CITY	3909 BLANDING BLVD.
STATE	JACKSONVILLE FL
ZIP	PTD
STREET ADDRESS 1	TOWER, R.R.
STREET ADDRESS 2	3909 BLANDING BLVD.
CITY	JACKSONVILLE FL
STATE	
ZIP	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	

[illegible]

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and is true and reliable for the description contained on page 1 of this form. I declare that the information furnished on this form was requested for a legitimate, lawful purpose and is not for a purpose prohibited by law and I declare that my signature shall bind the system hospital and its medical staff to the collection or disclosure of the information or that the use or disclosure requested is consistent with the report as requested by Chapter 612, Florida Statutes, and that my signature is on the 1st or 2nd of those 2 pages of the report or on a duly signed copy of the report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

5-15

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