

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K66757 (1)

1. Corporation Name

SOUTHPORT DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

% CAMPBELL & FLEMING  
420 LEXINGTON AVENUE 250 Park Ave  
NEW YORK NY 10170-10177

% CAMPBELL & FLEMING  
420 LEXINGTON AVENUE 250 Park Ave.  
NEW YORK NY 10170-10177

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/20/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

58-1832728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

MCNALLY, JAMES ESQ.  
MCNALLY & WALKER, SUITE 804  
2655 LEJUNE ROAD  
CORAL GABLES FL 33134

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

*James J. McNally*

(NOTE: Registered Agent signature required when reinstating.)

1/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FRIMMER, RICK L.  
STREET ADDRESS 1155 HAGUES MILL ROAD  
CITY-ST-ZIP AMBLER PA

TITLE ☐ DELETE

NAME FLEMING, DAVID E.  
STREET ADDRESS 420 LEXINGTON AVENUE 250 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10177

TITLE ☐ DELETE

NAME KITCHIN, EDWARD D.  
STREET ADDRESS 9 BLUEBERRY HILL ROAD  
CITY-ST-ZIP ANDOVER MA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*David E. Fleming*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David E. Fleming* Secretary 1/24/96 (612) 805-0444

CR2E034 (12/95)