

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K75894** (1)

1. Corporation Name
J. PORTER DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% JAMES A. PORTER
1000 HOLLAND DRIVE, SUITE 4
BOCA RATON FL 33487**

Mailing Address: **% JAMES A. PORTER
1000 HOLLAND DRIVE, SUITE 4
BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **03/28/1989** 3a. Date of Last Report: **03/01/1994**

4. FEI Number: **65-0106561** 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 incorporation complies with the incorporation law under S. 100.033 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

3. Suite, Apt. #, etc.: **22** 3a. Suite, Apt. #, etc.: **27**

4. City & State: **23** 4a. City & State: **28**

5. Zip: **24** 5a. Country: **25** 5b. Zip: **29** 5c. Country: **30**

9. Name and Address of Current Registered Agent

**PORTER, JAMES A.
1000 HOLLAND DRIVE
SUITE 4
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **PORTER, JAMES A.**

STREET ADDRESS: **1000 HOLLAND DR., STE 4**

CITY, ST, ZIP: **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE: Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE: Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE: Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE: Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

14. I do hereby certify that the information furnished hereon is true and correct and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this form is a part of the corporation's annual report as true and accurate and that my signature shall have the same legal effect as if made in conformity with the information of the corporation of the Secretary of State empowered to accept this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a subsequent filing with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 407-994-9244