## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT #

1. Corporation Name K75894

J. PORTER DESIGNS, INC.

(1)

Apr 27 1998 8:00am Secretary of State

**FILED** 



1000 HOLLAND DRIVE. SUITE 4 BOCA RATON FL 33487		1000 HOLLAND DRIVE. SUITE 4 BOCA RATON FL 33487				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
						03/28/1989	
2. Principal Pla	2a. Mailing Address	Mailing Address			4. FEI Number Applied For		
Suite, Apt. 6	l ato	26				65-0106561 Not Applicable	
22 Suite, Apr. 1	F, BIC.	Suite, Apt. #, etc.				<b>5.</b> Certificate of Status Desired See Required	
City & State		City & State					
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Ζφ	Co	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registered Agent	
PORTER, JAMES A.				81	Name		
	HOLLAND DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SUIT				00			
BOC	CA RATON FL 33487			83	1		
				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							
	<b>ignature, typed or printed n</b> ume of registered ago				int signatu	aturn required when reinstating) DATE	
12.	OFFICERS ANI		13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.17			☐ Change ☐ Addition	
NAME	PORTER, JAMES A.			MAME			
STREET ADDRESS	1000 HOLLAND DR., STE 4				ADDRESS	22	
CITY-ST-ZIP TITLE	BOCA RATON FL	DELETE		CITY-S	T - ZIP	Change	
NAME		בין טננניונ	211	NAME		☐ Change ☐ Addition	
STREET ADDRESS					ADDRESS	ce C	
CITY-ST-ZIP						55	
TITLE		DELETE	2. 4 DITY-5 3.1 TITLE		31 - 215	Change Addition	
NAME				3.2 NAME		Shunge Totalion	
STREET ADDRESS					ADDRESS	22	
CITY-ST-ZIP				CITY-S			
TITLE		☐ DELETE	4.1 7		.,	☐ Change ☐ Addition	
NAME			4.21	NAME			
STREET ADDRESS			4.3 S	TREE I	ADDRESS	ss	
CITY-ST-ZIP				ITY-S			
TITLE		DELETE	5.1 T			☐ Change ☐ Addition	
NAME			5.2 N	IAME			
STREET ADDRESS			538	TREET	ADDRESS	ss	
CITY-ST-ZIP			5.4 0	HTY-ST	1 - ZIP		
TITLE		DELETE	6.1 1	ITLE		Change Addition	
NAME			6.2 N	IAME			
STREET ADDRESS			6.3 S	TREET	ADDRESS	ss	
CITY-ST-ZIP			6.4 C	HTY - S1	í - ZIP		
indicated o officer or di	n this annual report or supplier enta rector of the corporation with rec	l annual report is true and a	ccurate an	id tha	at mv si	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statules; and that my name appears in	