

**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 # **L22984** (3)

1. Corporation Name  
**LONGPORT PROPERTIES, INC.**



Principal Place of Business: **P. O. BOX 3798 SARASOTA FL 34230**  
Mailing Address: **P. O. BOX 3798 SARASOTA FL 34230**

3. Date Incorporated or Qualified: **10/11/1989**  
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business  
21 **156 SAND DOLLAR LN**  
Suite, Apt. #, etc.  
22  
City & State  
23 **SARASOTA FL**  
Zip Country  
24 **34242** 25 **USA**  
2a. Mailing Address  
26 **156 SAND DOLLAR LN**  
Suite, Apt. #, etc.  
27  
City & State  
28 **SARASOTA FL**  
Zip Country  
29 **34242** 30 **USA**

4. FEI Number: **65-0151532**  
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

g. Name and Address of Current Registered Agent  
**SHAW, TIMOTHY S  
720 S. ORANGE AVE.  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DPT TAPLINGER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>156 SAND DOLLAR LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPS TAPLINGER, BIRGITTA</b>	2.2 NAME	
STREET ADDRESS	<b>156 SAND DOLLAR LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attached report with an address.

SIGNATURE: **ROBERT TAPLINGER** 4-16-96 9413462800  
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)