

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L65177 (2)**

1. Corporation Name

**ONLY PORSCHE, INC.**



Principal Place of Business

Mailing Address

**3727 SE OCEAN BLVD. STE 100  
STUART FL 34996**

**3727 SE OCEAN BLVD. STE 100  
STUART FL 34996**

2. Principal Place of Business  
21 **12800 U.S. Highway One**

Suite, Apt. #, etc.  
22 **Suite 200**

City & State  
23 **Juno Beach, Florida**

Zip  
24 **33408**

Country  
25 **Palm Beach**

2a. Mailing Address  
26 **12800 U.S. Highway One**

Suite, Apt. #, etc.  
27 **Suite 200**

City & State  
28 **Juno Beach, Florida**

Zip  
29 **33408**

Country  
30 **Palm Beach**

3. Date Incorporated or Qualified  
**04/10/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0200809**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, JOHN W III  
3727 SE OCEAN BLVD, STE 100  
STUART FL 34996**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**12800 U.S. Highway One**

83 **Suite 200**

84 City  
**Juno Beach**

**FL**

85 Zip Code  
**33408**

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

Signature, typed or printed name of registered agent and the name of the

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **BOURASSA, JOHN**  
CITY-ST-ZIP **3727 SE OCEAN BLVD, STE 100  
STUART FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **285 South Beach Road**  
1.4 CITY-ST-ZIP **Hobe Sound, FL 33455**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:**

*John H. Bourassa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John H. Bourassa**

**4/30/96**

**407-283-5686**

Date

Daytime Phone #

CR2E034 (12/95)