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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L65177

(2)

ONLY PORSCHES, INC.

## **FILED** Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1 materatt Bib gejen miibt trait impit cant.	Alali elem milli	442): E:E:	( <b>P) 411</b> ( <b>44</b> )	
12800 U.S. HIGHWAY ONE 12800 U.S. HIGHW					Y ONE			}				
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I IIS	H FL 33408		US					3. Date Incorporated or Qualified	N IFIG SPAC	· <u> </u>	<del>- ·</del>	٦
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2 Principal F	Place of Busine	SS	2a. I	Mailing Address				4. FEI Number		IΔn	plied For	-
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Suite, Apt	. #. etc.			Suite, Apt. #, etc.	·						Additional	1
22			27				5. Certificate of Status Desired		Fee Re			
City & Star	te			City & State				6. Election Campaign Financing		5 00	Mav Be	1
23			28							Added t		
Zip Country			1 2	Zip Country				8. This corporation owes or has paid	the current	ear Int	anaible	1
24 25		29 30		30			Personal Property Tax due June 30. Yes No					
	9. Name a	nd Address of Current	Registe	ered Agent				10. Name and Address of New Regi	stered Agen	t		]
BO	DURASSA, JO	HN H				81	Name					
285 S BEACH RD				1			Street Addre	ss (P.O. Box Number is Not Acceptable	2)		<del></del>	1
SU	JITE 200		,			82						
HO	OBE SOUND	FL 33455										1
					ļ	84	City		0.5	Zip (	2040	4
						•	City		FL 85	\ Zip (	,oue	
11. Pursuant	to the provision	ns of Sections 607.0502	and 607	7.1508, Florida Statut	es, the ab	ove-	named corpo	pration submits this statement for the pur on's board of directors. I hereby accept	rpose of char	iging its	registered	1
office or a agent. I a	registered ager am familiar with	it, or both, in the State i , and accept the obliga	of Florida tions of, S	a. Such change was : Section 607.0505. Fk	autnorizec orida Stati	i by ti Jites.	tne corporatio	on's board of directors. I hereby accept	tne appointm	ent as	registerea	
SIGNATURE											,	1
SIGNATURE	Signature, typed or	printed name of registered ager	t and title if a	applicable. (NOT	E: Registered	Agent	signature required	d when reinstating)	DATE			]<
12.		OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES TO OFFICE				9
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the ecceiver or trasted 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 of on an attachment with an address.

SIGNATURE:

01/29/98

561-625-5325