

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73728 (2)

1. Corporation Name
PORT COVE INVESTMENTS LIMITED, INC.



Principal Place of Business 1201 US-1, SUITE 305 CRYSTAL TREE PLAZA NORTH PALM BEACH FL 33408-2204	Mailing Address 1201 US-1, SUITE 305 CRYSTAL TREE PLAZA NORTH PALM BEACH FL 33408-3540
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2. Principal Place of Business 21 701 NORTHPOINTE PKWY Suite, Apt. #, etc. 22 SUITE 300 City & State 23 W. PALM BEACH, FL Zip Country 24 33407 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 33385 City & State 28 PALM BEACH GARDENS, FL Zip Country 29 33420 30 USA
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3. Date Incorporated or Qualified 05/16/1990	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0189905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HIGGINS, CHARLES R.
~~1201 US-1, SUITE 305~~
~~CRYSTAL TREE PLAZA~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name **HIGGINS, CHARLES R**
82 Street Address (P.O. Box Number is Not Acceptable)
701 NORTHPOINTE PARKWAY
83 **SUITE 300**
84 City **WEST PALM BEACH** FL 85 Zip Code **33407**

11. Pursuant to the provisions of Sections 607.0602 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: *Charles R. Higgins* DATE: **4-28-97**

Signature: typed or printed name of registered agent and the filer if filer is agent (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGGINS, CHARLES R.	
STREET ADDRESS	1889 ASCOT RD	
CITY-ST-ZIP	JUNO ISLES FL 33408	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HIGGINS, DEBORAH L.	
STREET ADDRESS	1889 ASCOT RD	
CITY-ST-ZIP	JUNO ISLES FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, changed, or on an attachment with an address.

SIGNATURE: *Charles R. Higgins* DATE: **4-28-97** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)