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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

DOCUMENT # **L73728** (2)
1. Corporation Name
PORT COVE INVESTMENTS LIMITED, INC.



Principal Place of Business Mailing Address
~~1201 US-1, SUITE 305~~ ~~1201 US-1, SUITE 305~~
~~CRYSTAL TREE PLAZA~~ ~~CRYSTAL TREE PLAZA~~
~~NORTH PALM BEACH FL 33408-2204~~ ~~NORTH PALM BEACH FL 33408-3540~~

2. Principal Place of Business 2a. Mailing Address
21 **701 NORTHPOINTE PKWY** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 300** 27 **P.O. Box 33385**
City & State City & State
23 **W. PALM BEACH, FL** 28 **PALM BEACH GARDENS, FL**
Zip Country Zip Country
24 **33407** 25 **USA** 29 **33420** 30 **USA**

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 ☐ **\$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

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**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	HIGGINS, CHARLES R.	
STREET ADDRESS	1889 ASCOT RD	
CITY-ST-ZIP	JUNO ISLES FL 33408	
TITLE	STD	DELETE
NAME	HIGGINS, DEBORAH L.	
STREET ADDRESS	1889 ASCOT RD	
CITY-ST-ZIP	JUNO ISLES FL 33408	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
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		
1.4 CITY-ST-ZIP		
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 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 or changed, or on an attachment with an address.

SIGNATURE: *Charles R. Higgins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-28-97**

Daytime Phone #

0901478

CR2E034 (9/96)