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May 01 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 # L82450 (2)

1. Corporation Name  
PORT FIERCE, INC.

Principal Place of Business  
1645 PALM BEACH LAKES BLVD  
STE 1200  
WEST PALM BCH. FL 33401  
US

Mailing Address  
C/O HERBERT L. GILDAN ESQUIRE  
1645 PALM BEACH LAKS BLVD STE 1200  
WEST PALM BEACH FL 33401-2285  
US

3. Date Incorporated or Qualified 06/22/1990  
3a. Date of Last Report 03/05/1996

2. Principal Place of Business  
21 1610 N. Cypress Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1610 N. Cypress Dr.  
Suite, Apt. #, etc.

4. FEI Number 65-0207993  
Applied For Not Applicable

22 City & State  
23 Jupiter, Florida

27 City & State  
28 Jupiter, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33469  
25 Country USA

29 Zip 33469  
30 Country USA

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

GILDAN, HERBERT L. ESQUIRE  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33402

81 Name GILDAN, HERBERT L. ESQUIRE  
82 Street Address (P.O. Box Number is Not Acceptable) 520 Overlook Place  
83 North Palm Beach, FL. 33408  
84 City FL 85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS MAYO, M.E.  
CITY-ST-ZIP 933 THAYER LANE  
JUPITER FL

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS BROEDEL, FRANK SR.  
CITY-ST-ZIP 23 COUNTRY CLUB DRIVE  
TEQUESTA FL

TITLE ☐ DELETE  
NAME DVP  
STREET ADDRESS BROEDEL, FRANK JR.  
CITY-ST-ZIP 140 SPYGLASS LANE  
JUPITER FL

TITLE ☐ DELETE  
NAME DS  
STREET ADDRESS GILDAN, HERBERT L.  
CITY-ST-ZIP 1645 PALM BCH LAKES BLVD  
WEST PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DS  
4.3 STREET ADDRESS Gildan, Herbert L.  
4.4 CITY-ST-ZIP 520 Overlook Place  
North Palm Beach, FL. 33408

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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23/97

Date

Daytime Phone #

CR2E034 (9/96)