

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 # P00246 (9)
1. Corporation Name
PORCAN COMPANY



Principal Place of Business
C/O 980 NORTH FEDERAL HIGHWAY STE 440
SICILIANO & KRAMER, P.A.
BOCA RATON FL 33432

Mailing Address
C/O 980 NORTH FEDERAL HIGHWAY STE 440
SICILIANO & KRAMER, P.A.
BOCA RATON FL 33432

3. Date Incorporated or Qualified 12/13/1983
3a. Date of Last Report 02/14/1995

2. Principal Place of Business
21 1275 So. Patrick Dr
Suite, Apt. #, etc.
22 Unit D
City & State
23 Satellite Beach FL
Zip
24 32397
Country
25 USA

26 Mailing Address
26 P.O. Box 410196
Suite, Apt. #, etc.
27
City & State
28 Melbourne FL
Zip
29 32941
Country
30 USA

4. FEI Number 59-2376476
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

KRAMER, WILLIAM S.
SICILIANO & KRAMER, P.A.
980 NORTH FEDERAL HWY., #440
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Josee Clerc
82 Street Address (P.O. Box Number is Not Acceptable) 1275 So. Patrick Dr.
83 Unit D
84 City Satellite Beach FL
85 Zip Code 32937

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

Josee Clerc

3/28/96

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	FABRE, MARCEL	
STREET ADDRESS	415-A PINEDA COURT	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	SD	DELETED
NAME	KRAMER, WILLIAM S.	
STREET ADDRESS	980 NORTH FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TO	DELETED
NAME	CLERC, JOSEE	
STREET ADDRESS	1275 So. Patrick Dr.	
CITY-ST-ZIP	Satellite Beach FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/96

CR2E034 (12/95)