

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

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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 # P00246 (9)

1. Corporation Name
PORCAN COMPANY



Principal Place of Business C/O 880 NORTH FEDERAL HIGHWAY STE 440 UNIT D SATELLITE BEACH FL 32937 US	Mailing Address P O BOX 410198 SICILIANO & KRAMER, P.A. MELBOURNE FL 32941-0198 US
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2. Principal Place of Business 415 PINEDA COURT	2a. Mailing Address SAME
21. Suite, Apt. #, etc. SUITE A	26. Suite, Apt. #, etc.
22. City & State MELBOURNE, FL	27. City & State
23. Zip 32940	28. Country USA
24. Zip 32940	25. Country USA

3. Date Incorporated or Qualified 12/13/1983	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2376476	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLERC, JOSEE
1275 S PATRICK DR
UNIT D
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81. Name CHRISTOPHER J. COLEMAN, ESQ.
82. Street Address (P.O. Box Number is Not Acceptable) 1800 W. HIBISCUS BLVD
83. Suite SUITE 138
84. City MELBOURNE
85. Zip Code FL 32940

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]* DATE: **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME FABRE, MARCEL	STREET ADDRESS 415-A PINEDA COURT	CITY-ST-ZIP MELBOURNE FL	<input type="checkbox"/> DELETE
TITLE SD	NAME CLERC, JOSEE	STREET ADDRESS 1275 S PATRICK DR UNIT D	CITY-ST-ZIP SATELLITE BEACH FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D	1.2 NAME CLERC, JOSEE	1.3 STREET ADDRESS 415 PINEDA COURT, SUITE A	1.4 CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)