

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90342 045 ***150.00

DOCUMENT # P93000013129

1. Entity Name
PORT EVERGLADES CORP.



Principal Place of Business
6095 PARKLAND BLVD
SUITE 300
MAYFIELD HEIGHTS, OH 44124

Mailing Address
6095 PARKLAND BLVD
SUITE 300
MAYFIELD HEIGHTS, OH 44124

24047556



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
ORLANDO, FL

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HORVITZ, RICHARD A 6095 PARKLAND BLVD #300 MAYFIELD HEIGHTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HORVITZ, JEFFREY E 6095 PARKLAND BLVD #300 MAYFIELD HEIGHTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P POLZIN, MARK F 6095 PARKLAND BLVD #300 MAYFIELD HEIGHTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROENBAUGH, CAROL L 6095 PARKLAND BLVD #300 MAYFIELD HEIGHTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T POLZIN, MARK F 6095 PARKLAND BLVD #300 MAYFIELD HEIGHTS, OH 44124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Polzin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04
Date Daytime Phone #