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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1	MENT # P9300 Ports enterprises, inc		')			
Principal Place of Business		Mailing Address			I INDINEED HIS UNIED HIM BEHAL DENH ERIEL	(1011 1660) 1611 6611 1601 166)
5401 W. OAKRIDGE RD. SUITE #64 ORLANDO FL 32819		5401 W. OAKRIDGE RD. SUITE #64 ORLANDO FL 32819		DO NOT WRITE IN TH	IIS SPACE	
					03/05/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 Suite Apt	Ш	Suite Apt. #. etc.		65-0395621	Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	Cily & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	— ————————————————————————————————————		Trust Fund Contribution	Added to Fees
Zip	Country 25	Z(p	Goun'	iry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes
24	25 Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New Registers	<u> </u>
GA	NT, STEVEN N			Name		
	DI WEST OAK RIDGE RD.		5	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 64				JIESS (F.O. BOX NUTIDE) IS INDITACCOPICION	
OR	LANDO FL 32819		8	13		
			8	4 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the abo	l ove-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
office or r agent. La	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change wa dations of, Section 607 0505,	s authorized Florida Statul	by the corporates.	ation's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE		3				
	Signature, typed or printed name of registered a			gent signature requ	uired when reinstating) DATE	
12.	C OFFICENS A	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	AAAM PILIAT D		1.2 NAM	- 1		E CHANGE
STREET ADDRESS 6020 NW 23RD TERRACE				ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		P .	- ST - ZIP		
TITLE	B	DELETE	2.1 THTL			Change Addition
NAME	GANT, STEVEN N.		2.2 NAM	E		
STREET ADDRESS	2185 LAKE DEBRA DR.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	DELETE		(-ST-ZIP		Change Addition
TITLE		E_J DECEN	3.1 TITLE	1		FT PHRIBS FT VARIOUS
NAME Street address			3.2 NAM	ET ADDRESS		
CITY-ST-ZIP				'-ST-ZIP		
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN			
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE	DELETE 5.1		5.1 TITUE		_	Change Addition
NAME	1		5.2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY			Change Addition
TITLE NAME			6.1 TITLE 6.2 NAM			LI CHANGE LI MUNITON
STREET ADDRESS			6.3 STRE	ET ADDRESS		

CITY-ST-ZIP

14. 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 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.