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

**PROFIT** LLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham **MNNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 98 APR -9 PM 2: 02 P93000040525 (6) DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA Corporation Name PORRECA, INC. Principal Place of Business Mailing Address 985 PINE RIDGE DR 985 PINE RIDGE DR. PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0417762 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PORRECA, ANTHONY 985 PINE RIDGE D R. Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 в3 84 City 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 Herida. 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 607.0506, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered again and find if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TOLE TITLE PORRECA, ANTHONY 300002487863---6 1.2 NAME NAME -04/14/98--01044--012 985 PINE RIDGE DR. 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** \*\*\*\*150.00 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 2.1 THLE TITLE PORRECA, MICHELE NAME 2.2 NAME 985 PINE RIDGE DR 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIF 2.4 CITY - ST- ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIF Change Addition DELETE TITLE 4.1 THLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZAL Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or in an attachment with an address.

3/26/01 (954) 581-6000