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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061699 (3)

1. Corporation Name

PORT O'COURT INCORPORATED

Principal Place of Business

11800 BISCAYNE BOULEVARD
SUITE 511
NORTH MIAMI FL 33181

Mailing Address

11800 BISCAYNE BOULEVARD
SUITE 511
NORTH MIAMI FL 33181-2726

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

03/06/1996

2. Principal Place of Business

21 840 NE 20TH AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 840 NE 20TH AVE
Suite, Apt. #, etc.

4. FEI Number

65-0445649

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

City & State

23 FT LAUDERDALE FL

City & State

28 FT LAUDERDALE FL

Zip

24 33304

Country

25

Zip

29 33304

Country

30

9. Name and Address of Current Registered Agent

SINGER, AMY
11800 BISCAYNE BOULEVARD
SUITE 511
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 SINGER, AMY
Street Address (P.O. Box Number is Not Acceptable)

83 840 NE 20TH AVE

84

City FT LAUDERDALE

FL

85 Zip Code

33304

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, type or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SINGER, AMY
STREET ADDRESS 11900 BISCAYNE BLVD #511
CITY-ST-ZIP NORTH MIAMI FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME SINGER, AMY
1.3 STREET ADDRESS 840 NE 20TH AVE
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33304
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

Date

954-525-9662

Daytime Phone #

CR2E034 (9/96)