FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 14 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070217 (3)**

1. Corporation Name
PORTMANN INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
VILLAGE AT TIERRA VERDE 113 1ST ST EAST UNIT 102 TIERRA VERDE FL 33715	VILLAGE AT TIERRA VERDE 113 1ST ST EAST UNIT 102 TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 13581 Eagle Ridge Dr.	26 13581 Eagle Ridge Dr.
Suite, Apt. #, etc. 22 Unit 1417	Suite, Apt. #, etc. 27 Unit 1417
City & State 23 Fort Myers FL	City & State 28 Fort Myers FL
Zip / Country 24 33912 / 25 USA	Zip / Country 29 33912 / 30 USA

4. FEI Number: 59-3205783 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITTEMORE, KENT G ONE BEACH DR SE SUITE 205 ST PETERSBURG FL 33701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 _____ 04-08-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☑ Change ☐ Addition
NAME	PORTMANN, SHAWN V	12 NAME	
STREET ADDRESS	VILLAGE AT TIERRA VERDE 113 1ST ST E #102	13 STREET ADDRESS	13581 Eagle Ridge Drive #1417
CITY-ST-ZIP	TIERRA VERDE FL 33715	14 CITY-ST-ZIP	Fort Myers FL 33912
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 _____ 04.08.95 (813) 275-5107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0311710 CP