

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

FILED

Jan 21 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 # P94000003601 (9)

1. Corporation Name  
PORTER & ROTH TAX CONSULTANTS, INC.

Principal Place of Business

~~2805 SW BRIGHTON WAY  
PALM CITY FL 34980~~

Mailing Address

~~2805 SW BRIGHTON WAY  
PALM CITY FL 34980-8087~~



2. Principal Place of Business

21 1000 BEAR ISLAND DRIVE

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH, FLORIDA

24 Zip 33409-2011

25 Country PALM BEACH

2a. Mailing Address

26 1000 BEAR ISLAND DRIVE

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FLORIDA

29 Zip 33409-2011

30 Country PALM BEACH

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

02/16/1996

4. FEI Number

65-0465753

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

PORTER, HAL

~~2805 SW BRIGHTON WAY  
PALM CITY FL 34980~~

1000 BEAR ISLAND DRIVE  
WEST PALM BEACH, FLORIDA

33409-2011

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PORTER, HAL  
STREET ADDRESS ~~2805 SW BRIGHTON WAY~~ 1000 BEAR ISLAND DR  
CITY-ST-ZIP ~~PALM CITY FL~~ WEST PALM BEACH, FLA 33409-2011

☐ DELETE

TITLE V  
NAME PORTER, EILEEN D.  
STREET ADDRESS ~~2805 SW BRIGHTON WAY~~ 1000 BEAR ISLAND DR  
CITY-ST-ZIP ~~PALM CITY FL~~ WEST PALM BEACH, FLORIDA 33409-2011

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 33409-2011

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Hal Porter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 561 615 7131  
Date Daytime Phone #

CR2E034 (9/96)