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

7170*R*9 CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000008452 (2)

P. B. PORTMANN & ASSOCIATES, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
,					
SUITE 7338	NUIANTOWN ROAD	6230 WEST INDIANTOWN SUITE 7338	ROAD		
JUPITER FL	33458	JUPITER FL 33458			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/24/1994
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0483031 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country Country	У	8. This corporation owes or has paid the current year Intangible
24	25 9, Name and Address of Current		30		Personal Property Tax due June 30. Yes No
		Registered Agent	81	I Na	10. Name and Address of New Registered Agent
1	RTMANN, PAUL B		*`	ina	ial ne
1	30 W. INDIANTOWN RD. #7338		82	Str	Street Address (P.O. Box Number is Not Acceptable)
JU	PITER FL 33458		_		
			83	'	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508. Florida Statutes	s the abov	e-nac	
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		13.	ent sign	
TITLE	DP Of Total AAB	DELETE DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PORTMANN, PAUL B		1.2 NAME		, Crange Crange
STREET ADDRESS	6230 W. INDIANTOWN RD. #7	339	1.3 STREET	T ADDDE	DECC.
CITY-ST-ZIP	JUPITER FL 33458	566	1.4 CITY-5		· · · · · · · · · · · · · · · · · · ·
TITLE	0011121112 00400	DELETE	2.1 TITLE	31-71	Change Addition
NAME			2.2 NAME		- Johnson
STREET ADDRESS			2.3 STREET	ב אטטסכ	apece
CITY-ST-ZIP			2.4 CITY-		
TITLE		DELETE	3.1 TITLE	St-ZIP	Change Addition
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET	I ADDEC	pres
CITY-ST-ZIP			3.4. CITY-		i l
TITLE		DELETE	4.1 TITLE	21-71L	Change Addition
NAME			4. 2 NAME		Grange Addition
STREET ADDRESS			4.2 NAME		pecc
CITY-ST-ZIP			4.4 CITY-S		<u> </u>
TITLE		DELETE	5.1 TITLE	11-612	Change Addition
NAME		<u></u> , 5/L	5.2 NAME		Shange Li Addition
					nree
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP		DELETE	5.4 CITY - S 6.1 TITLE	ii - ZiP	P Change Addition
1		TT ACCES	1		T Change T Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET		
CITY-S7-ZIP			6.4 CITY - S	J-ZIP	3

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. 561-7431030

15/98 818-6532