Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code

X Yes

85

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000008452

Country

PORTMANN, PAUL B

JUPITER FL 33458

6230 W. INDIANTOWN RD. #7338

9. Name and Address of Current Registered Agent

1. Corporation Name

Zip

24

P. B. PORTMANN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address	
6230 WEST INDIANTOWN ROAD SLITE 7338 JUPITER FL 33458	6230 West Indiantown Road Suite 7338 Jupiter FL 33458	DO NOT WRITE IN THIS SPACE
	OUT TENT LE COSCO	3. Date Incorporated or Qualified 01/24/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0483031
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	6. Election Campaign Financing \$5. Trust Fund Contribution Add

Zip

29

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.

Country

81 Name

82

83

84 City

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change | ☐ DELETE 1.1 TITLE TITLE PORTMANN, PAUL B 12 NAME NAME 6230 W. INDIANTOWN RD. #7338 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF _ Change _ _ Addition _ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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, with all other like empowered.

FILED Mar 17, 1999 8:00 am **Secretary of State**

03-17-1999 90041 027 ***150.00



8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

CR2E034 (11/98)