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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008401 (7)

SOUTHPORT MANAGEMENT, INC.

FILED Apr 24 1998 8:00am Secretary of State

1941/294-6975

Principal Place of Business Mailing Address 551 ELKCAM CIRCLE P.O. BOX 1039 MARCO ISLAND FL 34145 MARCO ISLAND FL 34146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0652741 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired ELKLAH CIRCLE 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DROESE, JUERGEN ROESE UERGEN 807 BLUEBONNET CT 82 MARCO ISLAND FL 34145 83 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Pres poistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE **PSTD** 1.1 TITLE PD DROESE, YUERGEN SYT ELKCAM CIRCLE HARCO TSLAND, F NAME **DROESE, JUERGEN** 12 NAME **807 BLUESONNET CT** STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DROESE INES 547 ELICAH CIRCLE MARCO ISLAND FI NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 4 (45 Change CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE ☐ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIF 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 eath; 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.