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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000025255** (6)

PORTFOLIO DESIGN SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** Jun 10 1997 8:00am Secretary of State



3175 GREEN DOLPHIN NAPLES FL 33940		3175 GREEN DOLPHIN LANE NAPLES FL 34102-7915				
					3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
2. Prino pai Pigca of	Business	2a Mailing Addless			4. EEI Number	Applied For
21 YOK7+	0110	6 tok110	10		65-0658151	Not Applicable
22 300 Apr # 0102	2 3VAMES	80 Apt. # elo.	fr A	18-5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Vit & State		ON ASIAN	TORK	Ab	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24102		9 34162 30	Country	A	8. This corporation has liability for in Florida Statutes	Yes No
	Name and Address of Current Re	gistered Agent			10. Name and Address of New Reg	Istered Agent
	DAVID N ESQ.		81	Name		
1167 THIR	), SCHOENECK AND KING, P./ D STREET SOUTH, SUITE 107			Street Addre	ess (P.O. Box Number is Not Acceptable	9)
NAPLES F	L 33940		83			
				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						
Signaturi 12.	e, typod or printed name of registered agent and OFFICERS AND DI		igistered Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE D	OFFICENS AND DI	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
l	TER, TOMMY H	Dict is	1.2 NAME			/Likeliange Li recomen
	GREEN DOLPHIN LANE	<del>}</del>	1.3 STHEET AL	TURESS 2/	a lath Aus S	
	LES FL 33940		1.4 CITY-SI-	<b>π</b> γ	noles Florida	<b>24160</b>
TITLE D		DELFTE	2.1 TOLE	1 74	Haran Jacobs	3416 ⊋ Change ☐ Addition
NAME FOR	REST, EDWARD HOWARD		2.2 NAME	ì		/ -
	GREEN DOLPHIN LANE		2.3 STREET AL	DRESS 3	60 12th AVE S	
	LES FL 83040		2.4 C(1Y-ST-	1	lanles Florida	20148
TITLE		DELETE	3.1 TITLE		1	☐ Change ☐ Addition
NAME			32 NAME		•	_ , _
STREET ADDRESS			33 STREET AL	DRESS		
CITY-ST-ZIP			3.4. CITY - ST-			
TITLE		DELETE	4.1 TiTLE	<u> </u>		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AL	TUBERS		
CITY-ST-ZIP		i i	4.4 CITY - ST -	1	·	
TITLE		DELETE	5.1 TITLE	211		Change Addition
NAME			5.2 NAMÉ			
STREET ADDRESS			5.3 STREET AL	INRESS		
· ·						
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST- 6.1 TITLE	/IF		Change Addition
NAME		EL PECCIA				Em onongo Em Montion
!		ļ	6.2 NAME	NODE CO.		
STREET ADDRESS			6.3 STREET AT			
CITY-ST-ZIP	fy that the information supplied will	h this files does not qualify to	6.4 CHY-S1-		in Section 119.07/3)(i) Election Statutos	I further easify that the

Information indicated on this annual report or supplements I am an officer or director of the corporation or the receive appears in Block 12 or Block 13 if changed, or on an atta ig does not quality for the exemption stated in section 19.0 (S)(), Florida Statutes. I forther certify that the acrual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name