

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

FILED

**Apr 28 1998 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000046026 (6)
 1. Corporation Name
PORTFOLIO MANAGEMENT & RESEARCH, INC.



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| Principal Place of Business 2631 N.W. 41ST ST. SUITE C-3 GAINESVILLE FL 32606 | Mailing Address 2631 N.W. 41ST ST. SUITE C-3 GAINESVILLE FL 32606 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 7001 SW 24th Avenue Suite, Apt. #, etc. | 2a. Mailing Address 26 7001 SW 24th Avenue Suite, Apt. #, etc. |
| 22 City & State 23 Gainesville, FL 32607 | 27 City & State 28 Gainesville, FL 32607 |
| 24 Zip 32607 25 Country USA | 29 Zip 32607 30 Country USA |

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| 3. Date Incorporated or Qualified 05/30/1996 | |
| 4. FEI Number 59-3381511 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|---|--|--------------------------------|
| 9. Name and Address of Current Registered Agent BALDWIN, ROBB W 2631 N.W. 41ST ST. SUITE C-3 GAINESVILLE FL 32606 | | 10. Name and Address of New Registered Agent | |
| 81 Name Robb W. Baldwin | 82 Street Address (P.O. Box Number is Not Acceptable) 7001 SW 24th Avenue | 83 | 84 City Gainesville |
| | | | 85 Zip Code FL 32607 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALDWIN, ROBB W 2331 NW 59TH TERRACE GAINESVILLE FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VMD BALDWIN, SANDY G 2331 NW 59TH TERRACE GAINESVILLE FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. Dan Baldwin, III 3961 W. University Avenue Gainesville, FL 32607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MCDANIELS, DEBORAH L 346-6 SW 62ND BLVD GAINESVILLE FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Denise Harris 701 SW 62nd Blvd. Apt. #8 Gainesville FL 32607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEFAVE, RICK 3907 SW 6TH PLACE GAINESVILLE FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

CR2E034 (10/97)