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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069108 (4)

PORTSIDE COMMUNICATIONS, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

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Principal Plac	Place of Business Mailing Address			******	/619/ 112// 4814					
UNIT C UNIT C		405 ATLANTIC ROAD	ROAD							
CAPE CANAVE	RAL FL 32920	CAPE CANAVERAL FL 3	2920-4222							
						3. Date Incorporated or Qualified 08/20/1996	3a . Da	ate of Last P	Report :	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		- I IA	pplied For	
21		26				59-3397588		·	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional	
22		27				5. Certificate of Status Desired			equired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for				
24	25	29	30	,			¶Yes [5. 100.002,	
<u></u>	9. Name and Address of Curre		1001	· ··		10. Name and Address of New Re				
GAT	TEGNO, MAYER ESQ.			81	Name		<u> </u>			
	UNIVERSITY DRIVE									
	AL SPRINGS FL 33085			82	Street /	Address (P.O. Box Number is Not Acceptat	ote)			
CUR	Mr Olumos Le 92003			83						
				84	City		F=1	85 Zip	Code	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u>FL</u>	<u> </u>		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Sta e of Florida. Such change wa	tutes, the at s authorizer	bove d by	o-named othe corn	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of	changing i	ts registered	
. agent. I a	m familiar with, and accept the obli-	gations of Section 607.0505,	Florida Stat	utes	3.	orallor a politic of anadioral resoluty dopo	se to to app	On the Contract	rogistorea	
SIGNATURE	Signature, typed or printed name of registered as	nont and City if port of the (f)	OTA: Projetory	d Aos	el e analure	required wiver, reinstating)	DATE			
12.		ND DIRECTORS	13.	u nyt	11 S griatore	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12	
TITLE	D	DELETE	1,1 10	TIF		VICE PRESIDE		Change	Addition	
NAME	ARABEJO, DENNIS F		1.2 N		Ì	RICHARD F. ARABET			Jan Masilian	
STREET ADDRESS	405 ATLANTIS ROAD UNIT C				ADDRESS	405 ATLANTH RD. NA	UT-C			
	CAPE CANAVERAL FL 32920		ł			CAPE CANMIERAR, Pr.	216			
CITY-ST-ZIP TITLE	THE CHARTETE SEALO	DELETE	1.4 Ct 2 1 Tt		1 - 211	Chie Chirthopic , Tes	3010	Change	Addition	
	BREEZEN F. A	La Dittil					•	☐ onenge	TT VOURION	
NAME		****	2.2 N/			• •				
STREET ADDRESS	"(" " " " " " " " " " " " " " " " " "				ADORESS					
CITY-ST-ZIP	CAPE C.	· . 31 100	2.4 C		31-ZIP			T 6.	17 4 7 100	
TITLE		☐ DELETE	3 1 TI		}			∐ Change	☐ Addition	
NAME			3 2 N/]					
STREET ADDRESS			3.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			3,4. C		51 - ZIP					
TITLE		L_ DELETE	4.1 19	ILΕ				☐ Change	Addition	
NAME			4, 2 N	AME						
STREET ADDRESS			4.3 ST	REET	AUDRESS	•				
CITY-ST-ZIP			4.4 CI	TY-S	1 - 7 ₁ P					
TITLE		☐ DELETE	5.1 76	1LE				☐ Change	Addition	
NAME			5.2 NA	AME						
STREET ADDRESS			5.3 S1	REFT	ADDRESS					
CITY-ST-ZIP			5.4 CI		i					
TITLE		☐ DELETE	6 1 TF					Change	Addition	
NAME			6 2 NA	AME	Ì					
STREET ADDRESS					ADDRÉSS					
CITY-ST-ZIP			6.4 CI							
OLLI-GI-EL	l		U.7 VI	-1-2	1-20					

14. I do 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.

IGNATURE: SOM THE JOHN'S F ARABOTO - PROSIDENT

Hai ko

(407) 784-8332