

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA60000093288
1. Corporation Name
Port To Port Marketing Inc

Principal Place of Business Mailing Address

2. Principal Place of Business
21 105 1/2 SE 12 AVE
Suite, Apt. #, etc
22
City & State
23 FT. LAUDERDALE FL
Zip Country
24 33301 25 USA
2a. Mailing Address
26 PO BOX 7561
Suite, Apt. #, etc
27
City & State
28 FT. LAUDERDALE FL
Zip Country
29 33338 30 Broward

3. Date Incorporated or Qualified 11/12/96 3a. Date of Last Report
4. FEI Number 105-0721401 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WILLIAM F. BROWN
PO BOX 7561
FT. LAUDERDALE, FL 33338
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
105 1/2 SE 12 AVENUE
(per Mr. Brown 12/15/97)
83
84 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 Wm. F. Brown
Signature typed or printed name of registered agent or director (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>PRESIDENT</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>WILLIAM F. BROWN</u>	1.2 NAME	
STREET ADDRESS	<u>105 1/2 SE 12 AVE</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FT LAUDERDALE FL 33301</u>	1.4 CITY-ST-ZIP	
TITLE	<u>CARON BROWN</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>420 NE 17 TEN</u>	2.2 NAME	<u>800002373998--2</u>
STREET ADDRESS	<u>FT LAUDERDALE FL 33304</u>	2.3 STREET ADDRESS	<u>-12/16/97--01107--010</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>****165.00 ****165.00</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Wm. F. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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Port to Port Marketing Inc.
PO Box 7565
Ft. Lauderdale, FL 33338
Telephone 954-463-0213

Leslie Selers
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

PA 6000093288

Dear Leslie;

Per our conversation today, November 5, 1997, I am sending you another check for my corporate fees.

As you requested, my EIN # is **65-0721461**.

As you may need to recall, I have moved from my original residence at 620 NE 17 Terrace, Ft. Lauderdale FL. Because of my separation and impending divorce from my wife, my mail has not been received. You had stated that my check had been received, but returned, needing my EIN number. I had been waiting to see if the check had been cashed and in my most recent bank statement before calling, hence the delay.

Thank you very much for your help and understanding. You are to be commended for the manner in which you have helped me. It is not very often that when working with a government employee, do they handle them with the compassion and willingness to help as you did. I am eternally grateful for your help. The address of 105 1/2 SE 12 Ave, Ft. Lauderdale may also be used.

Truly yours

Wm. B. _____

William F Brown