
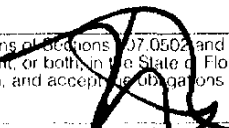
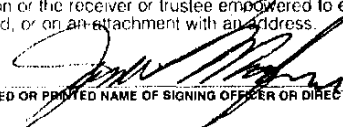


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P 970 000 14583</b>					
1. Corporation Name <b>PORT PROPERTIES ENTERPRISES, INC.</b>					
Principal Place of Business <b>12360 66th ST. N. LARGO FL 33773</b>		Mailing Address <b>12360 66th ST. N. LARGO FL 33773</b>			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>2/14/97</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-342 6262</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>			10. Name and Address of New Registered Agent <b>THOMAS NASH 400 CLEVELAND ST. 8th FLOOR CLEARWATER FL 34615</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE <b>PRESIDENT</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME <b>JAMES W. MOYLES JR</b>			1.2 NAME		
1.3 STREET ADDRESS <b>12360 66th ST. N.</b>			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP <b>LARGO FL 33773</b>			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE <b>VICE PRESIDENT</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME <b>NATALIE MOYLES</b>			2.2 NAME		
2.3 STREET ADDRESS <b>12360 66th ST. N.</b>			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP <b>LARGO FL 33773</b>			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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 included 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 Book 12 or Book 13 if changed, or on an attachment with an address.					
SIGNATURE: 			4/17/97 813-535-9895		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)