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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000014585 (8)

PORT PROPERTIES ENTERPRISES, INC.

**FILED** May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					U(441 U(181 40181 C(181 1061		
12380 66TH STREET NORTH 12380 66TH STREET NO LARGO FL 33773 LARGO FL 33773			RTH		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					02/14/1997		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For	
21		26			59-3426262	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22					6. Efection Campaign Financing		
23 28					Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the cur	rent year Intangible	
24	25	29	30			☐ Yes ☐ No	
	g. Name and Address of Curren	it Registered Agent	·		10. Name and Address of New Registered	Agent	
NASH, THOMAS				Name	Name		
400 CLEVELAND ST. 8TH FLOOR			32 Street Add	dress (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34615				33			
			Ľ	,,,			
	•			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							
	Stgrature typed or pented mass of registered ago OFTICERS AND			Agent signature requ	DATE DIRECTION OF THE OFFICE OF AND	NO CONTRACTOR IN LAND	
12.	OF FIGURE AS AINC	DELETE	13. 11 III	r — — — —	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	MOYLES, JAMES W III	L. Otter	1.2 NAN			C purity C vortion	
****				EFT ADDRESS			
CITY-ST-ZIP	LARGO FL 33773			7-S1-ZIP			
TITLE			21711			Change Addition	
NAME			2 2 NAN	1E			
STREET ADDRESS			2.3 \$1R	EF1 ADDRESS			
CITY-ST-ZIP	LARGO FL 33773		1	Y-ST-ZIP			
TITLE			3.1 THL	f		☐ Change ☐ Addition	
NAME			3.2 NAM	18		ĺ	
STREET ADDRESS			3.3 \$1R	FET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y - S1 - ZIP			
TITLE		☐ DELETE	4.1 7111.	£	-	Change Addition	
NAME			4. 2 NAI	ME			
STREET ADDRESS			4.3 STR	E1 ADDRESS			
CITY-ST-ZIP				- S1- ZIP			
TITLE		DELETE	5.1 TITL	E		☐ Change ☐ Addition	
NAME			5.2 NAM	E		JC/a 6	
STREET ADDRESS			5.3 S1R	ET ADDRESS		5/20	
CITY-ST-ZIP				· S1 - ZIP		, , , , , , , , , , , , , , , , , , ,	
TITLE		DELETE	6.1 TITE		م الرسوة المساورة	Change Addition	
NAME			6.2 NAM	ř	00000254393 -06/02/980103101		
STREET ADDRESS				LET ADDRESS		0	
CITY-ST-ZIP			6 4 CITY	- ST- ZIP	***750.00		

14. Thereby 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 13 if changed, or on an attachment with an address.