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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90005 012 \*\*\*150.00

DOCUMENT # P97000014966

1. Corporation Name

RONNIE PORTER CAESAR INC.

Principal Place of Business

Mailing Address

RONNIE PORTER CAESAR INC. 6065 WILDERNESS AVE  
COCOA, FLORIDA 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-21-97

4. FEI Number

59-3433706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 RONNIE PORTER CAESAR INC.

26 6065 WILDERNESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 COCOA, FLORIDA

28 COCOA, FLORIDA

Zip 32927

Country

Zip

Country

24

25 BREVARD

29 32927

30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONNIE PORTER CAESAR INC.  
6065 WILDERNESS AVE  
COCOA, FLORIDA 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 Ronald E. Porter Pres.

4-28-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME JOHN KABBOOD  
STREET ADDRESS 1980 N. ATLANTIC AVE SUITE 801  
CITY-ST-ZIP COCOA BEACH, FLORIDA 32931

1.1 TITLE PRESIDENT, SECRETARY, TREASURER  
1.2 NAME RONALD E. PORTER  
1.3 STREET ADDRESS 6065 WILDERNESS AVE  
1.4 CITY-ST-ZIP COCOA, FLORIDA, 32927

TITLE SECRETARY, TREASURER  
NAME ANGELA D. BUTLER  
STREET ADDRESS 6445 W. BAKER CIRCLE  
CITY-ST-ZIP COCOA, FL. 32927

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE: Ronald E. Porter RONALD E. PORTER

Date

Daytime Phone #

4-28-99

CR2E034 (11/98)