Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000058334

1. Corporation Name

PORTOR	INU DEVELOPMENT CORP.										
Principal Place	o of Rusiness	Mailing Address			\dashv	į	INE(INDEX INE INVELIBILIE)	} 	.01 01187 16780 17106 1		
· ·											
575 S. WICKHAM ROAD 575 S. WICKHAM ROAD SUITE E											
W. MELBOURNE FL 32904 W. MELBOURNE FL 32904							DO NOT WRITE IN THIS SPACE				
					.		ncorporated or Qual	ifed			
							0/1998				
Principal Place of Business 2a. Malling Address							umber	11	<u> </u>	olied For	
21 26							9-35196	//		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							cate of Status Desire	d 🗆	\$8.75 A		
27						-5"		- '' - ' · · · ·	· Fee Red		
City & State City & State							on Campaign Financ	ing □	\$5.00	,	
23		28	0		-		Fund Contribution		Added to	rees	
Zìp	Country	Zip	Country				corporation owes the	current year		_{□No}	
24	25	29 30	<u>'' </u>				nal Property Tax. and Address of No	w Registers			
	9. Name and Address of Current	Registered Agent	81	Name					a Agent		
DETTMER, DALE A					<u>م</u>	<u>, A</u>	CLARK	<u> </u>			
304 S. HARBOR CITY BLVD.				Street A	ddress	(P.O. Bo	x Number is Not Acc	eptable)			
SUITE 201				<u> </u>	13	<u>s.</u>	WICKHA	P1 1-2	<u></u>		
MELBOURNE FL 32901					341	īΕ	E			ļ	
MELBOONNE I L SESUI				City L) ES:	ST MERSON RUE FL 55 78 SOSTO					
100 July 100											
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									jistered		
	m ramiliar with, and accept the congain	The Control of the Co	11 11	1.1K	Wal	Kido	1 4	2.99		}	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI) Re-	gistered Agent	signature rec	quired who	en reinstating	<u>, </u>	DATE			
12.	OFFICERS AND		13.	-		ADDIT	IONS/CHANGES TO	OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Ps -	_			Change	Addition	
NAME	CLARK, COY A		1.2 NAME	Î	Co-	r A	CLARK			ļ	
STREET ADDRESS 575 S. WICKHAM ROAD SUITE E			1.3 STREET	ADDRESS ;	57 <u>5</u>	c s.	WICKHAM	, ROAD	SO ITE F	ξ. ∖	
CITY-ST-ZIP	W. MELBOURNE FL 32904	ı	1.4 CITY-ST-				KENBO O RE		32904		
TITLE			2.1 TITLE						☐ Change	Addition	
NAME	- 221		2.2 NAME							}	
STREET ADDRESS			2.3 STREET	ADDRESS							
CITY-ST-ZIP	— · · ·		2. 4 CITY+ST+ZIP			٠					
TITLE			3.1 TITLE					_	Change	☐ Addition	
NAME			3.2 NAME							}	
STREET ADDRESS			3.3 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST	- ZI2							
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS						Ì	
CITY-ST-ZIP			4.4 CITY-ST-	- ZIP							
TITLE		☐ DELETE	5.1 TITLE	İ					Change	Addition	
NAME			5.2 NAME	-							
STREET ADDRESS			5.3 STREET	ADDRESS						{	
CITY-ST-ZIP			5.4 CITY+ST-	ZIP							
TITLE		☐ D€LETE	6.1 TITLE						Change	☐ Addition	
NAME			6.2 NAME							ĺ	
STREET ADDRESS			6.3 STREET	ADDRESS .						Ì	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP