

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90006 035 ***150.00

DOCUMENT # P98000073812

1. Corporation Name
S-DANPORT, INC.

Principal Place of Business
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309

Mailing Address
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number
65-0863382

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUKE, BRYAN W
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STILES, TERRY W
STREET ADDRESS 6400 NORTH ANDREWS AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME STILES, TERRY W.
1.3 STREET ADDRESS 6400 North Andrews Avenue
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME EAGON, DOUGLAS P.
2.3 STREET ADDRESS 6400 North Andrews Avenue
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

3.1 TITLE VS ☐ Change ☒ Addition
3.2 NAME JONES PATRICIA
3.3 STREET ADDRESS 6400 North Andrews Avenue
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

4.1 TITLE V ☐ Change ☒ Addition
4.2 NAME STINE JAMES, W.
4.3 STREET ADDRESS 6400 North Andrews Avenue
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME DUKE, BRYAN W.
5.3 STREET ADDRESS 6400 N. Andrews Avenue
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME FERRERA, ROCCO
6.3 STREET ADDRESS 6400 North Andrews Ave.
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry W. Stiles

4/8/99

Date

954/776-9300

Daytime Phone #

CR2E034 (1/198)