

AGENT # P990000043464

PORTING, INC.

Feb 04, 2000 8:0
Secretary of State

02-04-2000 90044 002 ***150

of Business	Mailing Address
AVE. 32207	4215 ROSEWOOD AVE. JACKSONVILLE FL 32217-9111

00014899



DO NOT WRITE IN THIS SPACE

of Business	3. Mailing Address	
Colgate Road	6204 Colgate Road	
etc.	Suite, Apt. #, etc.	
City & State	City & State	
Jacksonville, FL	Jacksonville, FL	
Country	Zip	Country
	32217	

4. FEI Number	Applied For
59-3581188	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

LYSNE F
ROSEWOOD AVE.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

6204 Colgate Road

City Jacksonville FL Zip Code 32217

I, the undersigned, hereby certify that the information furnished herein is true and correct and that the person named as registered agent is qualified to serve in that capacity.

Lysne F. Cook 1/29/00
Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

1. Is the entity eligible to satisfy its Intangible Tax obligations and elects to do so. (back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	LYSNE F ROSEWOOD AVE. JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 6204 Colgate Road Jacksonville, FL 32217
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

I 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 reported or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if attachment with an address, with all other like empowered.

Lysne F. Cook (LYSNE F. Cook) 1/29/00 (904) 443-7695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)