

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 JUN 26 PM 1:29

SECRET
TALL

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~XXXXXXXXXXXX~~ (1) S36923

1. Corporation Name

~~PORTEN INDUSTRIES, INCORPORATED~~

PORTEN COMPANIES, INCORPORATED

Principal Place of Business

Mailing Address

~~832 S. Military Trail
Deerfield Beach, FL 33442~~

~~832 S. Military Trail
Deerfield Beach, FL 33442~~

832 S. Military Trail
Deerfield Beach, FL 33442

Same

3. Date Incorporated or Qualified

10/22/1990 3/11/91

3a. Date of Last Report

06/15/1994 1/19/94

4. FEI Number

65-0447005 650248656

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 832 South Military

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Deerfield Beach, FL

City & State

28 Same

Zip

24 33442

Country

Zip

29 Same

Country

30

9. Name and Address of Current Registered Agent

BLODG, GREGORY J
1630 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

Same

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PORTEN, SCOTT
STREET ADDRESS	9266 N.E. 43RD COURT 832 S. Military
CITY - ST - ZIP	CORAL SPRINGS FL 33065 Deerfield Beach
TITLE	FL 33442/Vice President
NAME	Herman Porten
STREET ADDRESS	5515 Security Lane
CITY - ST - ZIP	Rockville, MD 20852
TITLE	Vice President
NAME	Stephan Porten
STREET ADDRESS	Same
CITY - ST - ZIP	
TITLE	VP/Secretary
NAME	Judith A. Fitzwater
STREET ADDRESS	832 S. Military Trail
CITY - ST - ZIP	Deerfield Beach, FL 33442
TITLE	Assistant Secretary
NAME	Nanci Porten James
STREET ADDRESS	5515 Security Lane
CITY - ST - ZIP	Rockville, MD 20852
TITLE	Treasurer
NAME	George Tripp
STREET ADDRESS	Rockville, MD 20852
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-95 305-422-1883

Date

Daytime Phone #

CR2E034 (3/95)