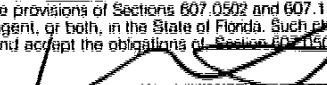
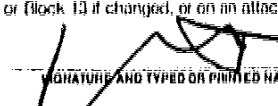


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 93 MAY -1 PM 12:59	
DOCUMENT # V32226 (5) 1. Corporation Name BRIAN E. PORT, P.A.					
Principal Place of Business 5564 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33313 US			Mailing Address 5564 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33313 US		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business 21 654 N.W. 89th Ave Suite, Apt. #, etc. 22 City & State 23 Plantation Florida Zip 24 33324		2a. Mailing Address 26 7725 Banyan Terr Suite, Apt. #, etc. 27 City & State 28 TAMARAC, Florida Zip 29 33321		3. Date Incorporated or Qualified 04/27/1992 3a. Date of Last Report 05/01/1994 4. FEI Number 65-0334395 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	
9. Name and Address of Current Registered Agent PORT, BRIAN 5564 WEST OAKLAND PARK BLVD. LAUDERHILL FL 33313			10. Name and Address of New Registered Agent 81 Name BRIAN PORT 82 Street Address (P.O. Box Number is Not Acceptable) 654 NW 89th Ave 83 84 City Plantation FL 85 Zip Code 33324		
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 607.0507, Florida Statutes. SIGNATURE  BRIAN PORT DATE 4/29/95 (Signature of good registered agent or registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS TITLE PD NAME PORT, BRIAN STREET ADDRESS 5564 W OAKLAND PK BLVD CITY-ST-ZIP LAUDERHILL FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P.D. ☒ Change ☐ Addition 1.2 NAME PORT, BRIAN 1.3 STREET ADDRESS 654 NW. 89th Ave 1.4 CITY-ST-ZIP Plantation, FL 33324 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)(A), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  BRIAN PORT, President DATE 4/29/95 TELEPHONE 305-456-1633 (Signature and typed or printed name of signing officer or director)					