


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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V32826 (2)

1. Corporation Name  
WILLIAM C. PORTER, P.A.

Principal Place of Business

Mailing Address

EBELING BLDG., #214  
10211 WEST SAMPLE RD.  
CORAL SPRINGS FL 33065

EBELING BLDG., #214  
10211 WEST SAMPLE RD.  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

4. FEI Number

65-0335018

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 10211 W. Sample Rd.  
Suite, Apt. #, etc.  
22 113  
City & State  
23 Coral Springs, FL  
Zip  
24 33065  
Country  
25 U.S.

2a. Mailing Address  
26 P.O. Box 636  
Suite, Apt. #, etc.  
27  
City & State  
28 DelRay Beach, FL  
Zip  
29 33482-6367  
Country  
30 U.S.

9. Name and Address of Current Registered Agent

PORTER, WILLIAM C.  
EBELING BLDG. - #214  
10211 WEST SAMPLE RD.  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name William C. Porter  
82 Street Address (P.O. Box Number is Not Acceptable)  
10211 W. Sample Rd.  
83 Suite 113  
84 City Coral Springs, FL 85 Zip Code 33065

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  
NAME D  
STREET ADDRESS PORTER, WILLIAM C.  
CITY-ST-ZIP 10211 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

April 23, 1998 (56)  
638-1785

CR2E034 (10/97)