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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000057360 (8)

**1. Corporation Name
CORTET, INC.**

**Principal Place of Business
809 D SOUTH ORLANDO AVENUE
WINTER PARK FL 32789
US**

**Mailing Address
809 D SOUTH ORLANDO AVENUE
WINTER PARK FL 32789
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/19/1993 **3a. Date of Last Report 05/01/1994**

4. FEI Number 59-3199162 **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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip **29** Country **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWDWIN, DOUGLAS
255 SOUTH ORANGE AVE.
SUITE 800
ORLANDO FL 32801**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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 reestablishing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **PATTEN, JOHN PARTICK**
STREET ADDRESS **6730 MERLIN COURT**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **D.V.S** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VST**
NAME **HILL, ROBERT MICHAEL**
STREET ADDRESS **1534 LEEWAY AVENUE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **D.P.T** Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **D** Change Addition
3.2 NAME **Lobel, Lewis**
3.3 STREET ADDRESS **1337 Hampstead Tr.**
3.4 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M Hill Robert M. Hill

4-13-95 **(407)740-6221**

SIGNATURE AND TYPED OR PRINTED NAME OF BOHDING OFFICER OR DIRECTOR

Title

Official Phone #