

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000057360 (8)**

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



Principal Place of Business: **809 C SOUTH ORLANDO AVENUE WINTER PARK FL 32789 US**  
Mailing Address: **809 C SOUTH ORLANDO AVENUE WINTER PARK FL 32789 US**

2. Principal Place of Business:  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BOWDOIN, 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 **FL** 85 Zip Code

3. Date Incorporated or Qualified: **08/19/1993**  
3a. Date of Last Report: **04/19/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0700 and 607.1305, 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 607.0501, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PATTEN, JOHN PARTICK	
STREET ADDRESS	6730 MERLIN COURT	
CITY, ST, ZIP	ORLANDO FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HILL, ROBERT MICHAEL	
STREET ADDRESS	1534 LEEWAY AVENUE	
CITY, ST, ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOBEL, LEWIS	
STREET ADDRESS	1337 HAMPSTEAD TR.	
CITY, ST, ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 included 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, President** 3-26-96 407-740-6221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)