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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057360

1. Corporation Name
CORTET, INC.

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

Mailing Address
% ADAC LABORATORIES (TAX DEPT)
540 ALDER DR
MILPITAS CA 95035
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1993

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ECKERT, R. ANDREW
STREET ADDRESS 540 ALDER DR.
CITY-ST-ZIP MILPITAS CA 95035

1.1 TITLE CEO/D
1.2 NAME ECKERT R. ANDREW
1.3 STREET ADDRESS 540 ALDER DR.
1.4 CITY-ST-ZIP MILPITAS, CA 95035

TITLE VTDS
NAME SIMONE, P. ANDRE
STREET ADDRESS 540 ALDER DR.
CITY-ST-ZIP MILPITAS CA 95035

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

TITLE VSD
NAME MASTERSON, KAREN L
STREET ADDRESS 540 ALDER DR.
CITY-ST-ZIP MILPITAS CA 95035

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE C/D
4.2 NAME DAVID LOWE
4.3 STREET ADDRESS 540 ALDER DR
4.4 CITY-ST-ZIP MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE AS
5.2 NAME ROBERT STARR
5.3 STREET ADDRESS 540 ALDER DR
5.4 CITY-ST-ZIP MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (408) 321-9100

CR2E034 (1/98)