


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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 454484 1. Corporation Name Cortez, Inc			
Principal Place of Business 700 Roper Parkway P.O. Box 25 Ocoee, FL 34761		Mailing Address 700 Roper Parkway P.O. Box 25 Ocoee, FL 34761	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 06/06/74		3a. Date of Last Report 06/06/96	
4. FEI Number 59-1539536		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Cortez, Edwin L 1461 Kelso Blvd Windermere, FL 34786		10. Name and Address of New Registered Agent 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: (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE P 12.2 NAME Cortez, Edwin L 12.3 STREET ADDRESS 1461 Kelso Blvd 12.4 CITY-STATE-WI 34786 12.5 TITLE ST 12.6 NAME Robertson, Patricia 12.7 STREET ADDRESS 220 Lakeshore Drive 12.8 CITY-STATE-WI 34761		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-WI 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-WI 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-WI 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-WI 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-WI	
12.11 TITLE D 12.12 NAME Cortez, Edwin L 12.13 STREET ADDRESS 1461 Kelso Blvd 12.14 CITY-STATE-WI 34786 12.15 TITLE V 12.16 NAME Cortez, Donna 12.17 STREET ADDRESS 1461 Kelso Blvd 12.18 CITY-STATE-WI 34786 12.19 TITLE V 12.20 NAME Robertson, Paul N 12.21 STREET ADDRESS 220 Lakeshore Drive 12.22 CITY-STATE-WI 34761		13.11 TITLE 13.12 NAME 13.13 STREET ADDRESS 13.14 CITY-STATE-WI 13.15 TITLE 13.16 NAME 13.17 STREET ADDRESS 13.18 CITY-STATE-WI 13.19 TITLE 13.20 NAME 13.21 STREET ADDRESS 13.22 CITY-STATE-WI	
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 filed 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.		600002145676 -04/17/97--01005--007 ***165.00	
SIGNATURE: Patricia Robertson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/97 407-652-4397 Date Daytime Phone #	

CR2E034 (9/96)