

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

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G74058**

(0)

1. Corporation Name

**CORTEZ ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**3840-526 MARINERS WAY  
P.O. BOX 1202  
CORTEZ FL 34215**

**3840-526 MARINERS WAY  
P.O. BOX 1202  
CORTEZ FL 34215-1202**

3. Date Incorporated or Qualified

**12/15/1983**

3a. Date of Last Report

**04/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **P.O. Box 100**

22 City & State

27 Suite, Apt. #, etc.

23 City & State

27 City & State  
**CORTEZ, FL**

24 Zip Country

28 Zip Country  
**34215-1202 USA**

4. FEI Number

**59-2370209**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANRAHAN, JOSEPH J.  
3840-526 MARINERS WAY  
CORTEZ FL 34215**

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 type for pending name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**HANRAHAN, JOSEPH J.**  
STREET ADDRESS  
**3840-526 MARINERS WAY**  
CITY - ST - ZIP  
**CORTEZ FL**

1.2 TITLE ☐ DELETE

NAME  
**HANRAHAN, JOSEPH J.**  
STREET ADDRESS  
**3840-526 MARINERS WAY**  
CITY - ST - ZIP  
**CORTEZ FL**

1.3 TITLE ☒ DELETE

NAME  
**HANRAHAN, WILLIAM A.**  
STREET ADDRESS  
**4898 MC GILL ST.**  
CITY - ST - ZIP  
**BOYNTON BEACH FL**

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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:

*Joseph J. Hanrahan* - **JOSEPH J. HANRAHAN** 6/3-97 941/794-7225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0433961

CR2E034 (9/96)