11/98)	
CR2E034 (1	

COR ANNU	PROFIT PORATION IAL REPORT	FLO	FLORIDA DEPARTMENT OF STATE Katherine Haisse Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 16 AM 8:38 ULDBETARY OF STATE				
DOCUN 1. Corporation	MENT # P18313 Name LORTES INC					TÄLLÄÄÄE	SEE, FLO	ŔĬĎA	
%SPLIS	of Business 2 US HWY 441 H SPLASH CAR WASH RG, FL 34788	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 3-7-88							
2. Principal Pl 21 Suite, Apt.	ace of Business	2a. Mailing 26 Suite, A	Address			4. FEI Number 59-2917124	. [7]	<u> </u>	lied For Applicable dditional
City & State		27 City 8 5	27 City & State			Certificate of Status Desire Election Campaign Finance Trust Fund Contribution		\$5.00 to Added to	May Be
Zip 24					ılry	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No 10. Name and Address of New Registered Agent			
1200 S PLANTAT	PORATION PINE ISLAND ROAD FION FL 33324 to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obliga			the ab orized a Statu	82 Street Add 98 83 City LEI ove-named corby the corporates.		r the purpose caccept the appo	85 Zip C 347 of changing its pintment as reg	7 R R
SIGNATURE	Signature, typed or printed name of registered age-	LORETTA nt and title if applicable	(NOTE Re	VD gistered	Agent signalure requi	ired when reinstating)	9-99 DATE		
12. TITLE NAME STREET ADDRESS	PD TESTA, ALBERT 9809 FAIRWAY CR.	ID DIRECTORS	☐ DELETE	13. 11717 12 NA 13 STI		ADDITIONS/CHANGES TO		☐ Change	[] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEESBURG, FL 34788 VD TESTA, LORETIA 9809 FAIRWAY CR.		DELETE	21 TIT 22 NA 23 STI	· 1		721799- ****61.25	-0∏ 49 ‱—	DDB Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEESBURG, FL 34788 SD LORE, BARTHOLEMEW 4168 STONECHAT COUR	श	DELETE	3 1 TIT 32 NA 33 ST	LE			Change	☐ Addition
TITLE TAME TREET ADDRESS	ROSWELL, GA 30075 VTD LORE, JOHN 1098 JUNIPER COURT		[] DELETE	4.1 TIT 4 2 NA 4 3 ST	LE			☐ Change	☐ Addition
NAME STREET ADDRESS	TAVARES, FL 32778		[] DELETE		1			∏ Change	Addition
CITY-ST-ZIP TITLE			DELETE	61111				[] Change	[] Addition

63STREET ADDRESS

64 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the 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 the indicate 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date 19.07(3)(i), Florida Statutes I further certify that the properties of the corporation of

NAME

STREET ADDRESS