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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300066314 (4)

CORT ENTERPRISES, INC.

Principal	Place	of Business	6
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Mailing Address

5258 C EUROPA DRIVE BOYNTON BEACH FL 33437 5258 C EUROPA DRIVE BOYNTON BEACH FL 33437-2145

FILED Apr 25 1997 8:00am Secretary of State

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a Principal	Diago of Puningo	Le Maille Nelder				3. Date Incorporated or Qualified		
2. Principal F						4. FEI Number Applied Fo 65-0438624 Not Applie		
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.	··· · · · · · · · · · · · · · · · · ·			\$9.75 Addition		
22	27					5. Certificate of Status Desired Fee Required	Ψ,	
23	City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	7ip Country 29 30				This corporation has liability for intengible tax under s. 199.03 Florida Statutes	32,	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
	RT, STEVEN J			81	Name			
5257 C. EUROPA DRIVE				82	32 Street Address (P.O. Box Number is Not Acceptable)			
BO	YNTON BEACH FL 33437			83				
				84	City	FI 85 Zip Code		
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Fiorida. Such change w	as authorized	d by i	the corp	corporation submits this statement for the purpose of changing its registe poration's board of directors. I hereby accept the appointment as register	ored red	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Flegistered	d Agen	l signature r	required when reinstating) OATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 70	LE			dition	
NAME	5258 C EUROTH DR		1.2 NA	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS			1.3 ST					
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CI	TY-51-	- ZIP			
TITLE			2.1 7(7	2.1 TITLE 2.2 NAME		☐ Change ☐ Ado	dition	
NAME			2.2 NA					
STREET ADDRESS	SS 2			2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP				
TITLE NAME	☐ DELETE			3 1 TITLE		☐ Change ☐ Ado	dition	
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TITLE		☐ DELETE	3.4. CI 4.1 TIT		- ZIP	☐ Change ☐ Ado	dition	
NAME			4. 2 N/				01011	
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			4.4 01					
TITLE	DELETE			5.1 TITLE		☐ Change ☐ Ado	dition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REETA	DDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CIT	Y-ST-	-ZIP			
TITLE	DELETE			6.1 TITLE		Change Ado	dition	
NAME			6.2 NA	ME				
STREET ADDRESS	TREET ADDRESS		6.3 \$11	6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CI					
intormatic	on indicated on this annual report or in Afficer or director of the corporation o	supplemental annual report if the receiver or trustee emp	is true and a powered to e.	ocur:	ate and t	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; eport as required by Chapter 607, Florida Statutes; and that my name	; that	
appears i	in Block 12 or Block 13 if changed, c	or on an attachment with an	address.			1-1		