FILED Apr 07, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

| 1. Corporation Name P9400007391  |   |  |
|--|---|--|
| C.T.T.T. OF ORLANDO, INC.  | nici Machi dania idead idila  | (8) 80 1(8) 28 8(                                  |
|  |   |  |
| Principal Place of Business Mailing Address  | 8113 <b>94</b> 131 <b>88</b> 116 188 <b>0</b> 0 16810                           | 19101 1101 1881                                    |
| 3250 MARY STREET STE 203 3250 MARY STREET STE 203 MIAMI FL 33133 DO NOT WESTER   | N THE SEASE   |  |
| DO NOT WRITE II  3. Date Incorporated or Qualified   | N THIS SPACE  |  |
| · _ ·  |   |  |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number   | . Ap  | plied For  |
| 21 26 65-0483358   |   | t Applicable                                       |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   | \$8.75  | Additional   |
| 22 5. Ceruicate of Status Desired  | Fee Re  | equired  |
| City & State City & State 6. Election Campaign Financing   | <sub>7</sub> \$5.00   |  |
| 23 Trust Fund Contribution   | Added 1   | to Fees  |
| Zip Country Zip Country 8, This corporation owes the current   |   |  |
| 24 25 29 30 Personal Property Tax.   | Yes   | □No  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Regi   | stered Agent  |  |
| COUATZ DICHARD E   |   |  |
|  | )   |  |
| C/O STEADNIS WEAVED MILLED   |   |  |
| C/O STEARNS WEAVER MILLER  |   |  |
| C/O STEARNS WEAVER MILLER 150 WEST FLAGLER STREET, SUITE 2200  |   |  |
| C/O STEARNS WEAVER MILLER  | <b>FI</b> 85 Zip (  | Code   |
| C/O STEARNS WEAVER MILLER 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130  84 City  | FL  | registered   |
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14. I hereby certify that the information supplied with his 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 supplementation 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 of 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 atachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

305-461-2228