PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041388 1. Corporation Name

ORTNER CORPORATION

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90177 047 ***158.75

	•						
Principal Place	of Business	Mailing Addres	SS		A CARRIAGE US CAUSE BUIL SOUR SEUL SEUL	, 44 (() 4(44) ((444 (****	18.27 10 100.
2000 BANKS RO)AD #222	2000 BANKS R	OAD #222				
MARGATE FL 33063 MARGATE FL 33063					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					05/24/1995		
2. Principal Pl	ace of Business	2a, Mailing Ad	dress		4. FEI Number	Ar	plied For
21		26			65-0584731		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
27							equired
City & State City & State			te		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zin	Country	28 Zin	Zip Country		8. This corporation owes the current year Intangible		
Zip	25 29 30		,	Personal Property Tax.			
24	9. Name and Address of Cur				10. Name and Address of New Regis	tered Agent	
		<u> </u>		81 Name			
	ANDRON, KENNETH			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
441-SOUTH FEDERAL-HIGHWAY				200	DBCVR KO	ac #	277
- DEE	AFIELD BEACH FL 33441	•		183 S. W.	ti. 277.		j
				84 City.		85 -Zip	Code
				Ma	Sat	FL 330	365
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508, Fil ate of Florida. Such ch	orida Statutes, the a ange was authorize	bove-named con d by the corporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with and accept the obl	ligations of Section 60	7.0505, Florida Stat	utes.		ag	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registere	Agent signature requir	ed when reinstating)	ATE	———
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	D		DELETE 1.1 T	TLE		Change	☐ Addition
NAME	SUHANDRON, KENNETH		12 N	AME	2000 BC-KS	Road.	#222
STREET ADDRESS	441 SOUTH FEDERAL HIGH		1.3 S	TREET ADDRESS	2000 Banks	= /= 3	304 2
CITY-ST-ZIP	DEERFIELD BEACH FL 3344			ITY-ST-ZIP	Magate 1 +10	Change	Addition
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NAME			2.2 N			-	
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CITY-ST-ZIP			DELETE 3.1 T	DITY-ST-ZIP		☐ Change	Addition
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			DELETE 4.1 T	ITLE		☐ Change	☐ Addition
NAME			4.21	IAME	•		ĺ
STREET ADDRESS			438	TREET ADDRESS		•	}
CITY-ST-ZIP				ITY-ST-ZIP		F101-	
TITLE			DELETE 5.17			Change	☐ Addition
NAME			5.2 N	1			1
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP		_		TITY-SI-ZIP		☐ Change	☐ Addition
TITLE		lu_	,	IAME			_
NAME CTREET ADDRESS				TREET ADDRESS			
STREET ADDRESS				:TY-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 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 antress, with all other like empowered.

OFFICER OR DIRECTOR 954 956 0066