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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095202 (4)

FILED Feb 17 1997 8:00 am Secretary of State

Principal Place	ORTS, INC	•		Mailing Address										
639 SOUTH MILITARY TRAIL W. Palm Beach Fl 33415			-	SUITE 6										
US	··•		٧	V. PALM BEACH FL 00	415 9003 -								_	
									3. Date Incorporated or Qualified 12/15/1995	3a. Date 05/01		lepart		
2. Principal Place of Business			28	2a. Mailing Address								oplied For		
21			26						65-0634169			ot Applicable	4	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	X	Fee Required			
City & State			_	City & State					6. Election Campaign Financing \$5.00 May Be				ı	
23			28						Trust Fund Contribution Added to Fee				4	
Zip	· —			├ ─ '			•		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes □ No			. 199.032,		
24	25 25 Name and Address of Current			29 33415 30 30			USA		Florida Statutes See No 10. Name and Address of New Registered Agent					
TUO			it negi	atered Agent		81	Name			igiotoi da Ag			┪	
THOMPSON, DOUGLAS E 645 SOUTH MILITARY TRAIL						82			SAME				4	
-SUITE 6									ress (P.O. Box Number is Not Acceptable) Gun Club Rd., Suite 101				ı	
W. PALM BEACH Ft. 89445				-			7747	Ģu	Sun Club Ru., Suite 101				1	
4		1112 00110									-1		4	
							City West F	วล 1	m Beach	FL	35 Zip	Code 3415	ı	
11. Pursuant i	to the provision	ons of Sections 607.050	2 and	607.1508, Florida Stat	ules, the a	hove	named co	rnor	ation cultimite this statement for the	nuronee of ch	angina il	e registered	1	
office or re	registered age im familiar with	ent, or both, in the State h. and seet the oblid	of Flor	rida. Such change wa: or. Section 607.0505.	s authorize Florida Sta	ed by tutes	the corpora	ation	n's board of directors. I hereby acce	pt the appoin	tment as	registered		
SIGNATURE		We C								01/14				
SIGNATORE	Signature, typed	orinted name of registered ag			OTE: Registere	d Age	nt signature req	uired	IDSON when reinstaling)	DATE			ړ ٰـ	
12.	BON	OFFICERS AN	D DIRE		13.				ADDITIONS/CHANGES TO OFFICE				_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE	PSD	IAUN ID		☐ DELETE	1,1 1					L	Change	Addition	9	
NAME		I, JOHN JR. LITARY TRAIL			1.2 N								§	
STREET ADDRESS		BEACH FL 33415			1		ADDRESS						Ü	
CITY-ST-ZIP TITLE	W. FALM	DENOTT E 30410		DELETE	1.4 C 2.1 T	ITY - ST	I - ZIP				Change	Addition	⊣მ	
NAME				ב טבנבונ	2.1 t					_	Change			
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP						OTY-S								
TITLE				DELETE	3.1 T		£11				Change	Addition	1	
NAME					3.2 N						-			
STREET ADDRESS					3.3 S	TREET.	ADDRESS						-	
CITY-ST-ZIP						CITY - S								
TITLE				☐ DELETE	4.1 T						Change	Addition	1	
NAME					4.28	NAME								
STREET ADDRESS					4.3 S	TREET.	ADDRESS							
CITY-ST-ZIP					4.4 C	(TY-\$1	T - Z(P							
TITLE				☐ DELETE	5.1 T	ITLE		-			Change	Addition		
NAME					5.2 N	IAME							1	
STREET ADDRESS				· 1 ·	5.3 S	TREET.	ADDRESS							
CITY - ST - ZIP				· · · · · · · · · · · · · · · · · · ·	_	iTY - \$1	T - ZIP				w	<u> </u>	4	
TITLE				DELETE	6.1 T	ITLE				L	Change	Addition		
NAME					6.2 N									
STREET ADDRESS					6.3 S	TREET.	ADDRESS							
CITY-ST-ZIP					6.4 C	1TY - S1	T - ZIP			 			1	

I do hereby certify that the information supplied with this filling 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 chapted, of on an attachment with an address.

John Stalunni Ir Pres 01/1//07 (561) (02 710