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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095641
CORMOR UNLIMITED, INC.

FILED

97 JUL 21 PM 4: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2709 S.W. 175TH LOOP OCALA FL 34473		2709 S.W. 175TH LOOP OCALA FL 34473-4447								
						3. Date Incorporated or Qualified 12/19/1995	3a. Da 03/0	te of La 17/19		orl
 Principal Pl 	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3340747	Applied For Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			. 00 Má ded to F	
Zip 24	Country 25	Zip 29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
ΛΛE	g, Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Reg	istered A	gent		·· · · · · · · · · · · · · · · · · · ·
	RDERO, MATILDE L S.W. 175TH LOOP				Ivallie					
	LA FL 34473				Street Addr	ess (P.O. Box Number is Not Acceptab	e)			
				83						
				84	City		FL	85	Zip Coo	de
SIGNATURE	Signature, lyped or printed name of registered ager	nt and title it applicable (NC	D1E: Registered			ion's board of directors. I hereby accepted when reinstating)	DATE			
TITLE	OFFICERS AND PSD	DELETE	13.			ADDITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-ZIP	CORDERO, MATILDE L 2709 S.W. 175TH LOOP OCALA FL 34473	_ butte				8000022 -07/29/9 ****169	50: 9701 5.00	036	00 +165	7 ,00
TITLE	VP	DELETE	2.1 1170		1-211			Cha	nge [Addition
NAME	ORTIZ, MAUREEN		2.2 NA	ME	Ì					
STREET ADDRESS	2709 S.W. 175TH LOOP		2.3 STR	REET	ADDRESS					
CITY-ST-ZIP	OCALA FL 34473	Dougg	2, 4 017		iT - ZIP	·	:	1 Ot-		Talaabi-
TITLE NAME	CORDERO, JOSE LUIS	☐ DELETE	3.1 TITU 3.2 NA)			¥ .		Cha	nge L	Addition
STREET ADORESS	2709 S.W. 175TH LOOP			-	ADDRESS					
CITY-ST-ZIP	OCALA FL 34473		3.4. CIT		ľ					
TITLE		DELETE	4.1 1110					Cha	nge [Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STR	REET	ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Detext	4.4 CIT		[-ZiP				г	1,720:
TITLE		L DELETE	5.1 1110					Cha	ige L	Addition
NAME PERSON A PORCES			5.2 NAM		ADDDCCO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		- £(r'			Cha	nge T	Addition
NAME			6.2 NAM							
STREET ADDRESS					ADDRESS					
CITY CT. 70					T 74D					

14. I do hereby cartify 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 armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 address.