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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000025678 (9)

KORTHON CORPORATION

nclpal Place of Business	Mailing Address		
200 SOUTH ORANGE AVENUE	200 SOUTH ORANGE AVENUE		
SARASOTA FL 34236	SARASOTA FL 34236		

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- C TORESHORN ISO NOTICE CONTROL CONTR		
200 SOUTH ORANGE AVENUE 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/21/1996		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	44-	26			65-0657102	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	0	<del> </del>	Trust Fund Contribution		
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25   9. Name and Address of Curre		30]		10. Name and Address of New Registe		
LIAI	<del></del>	nt tropictore regon	81	Name			
	RTENSTINE, J. MICHAEL				<b>***</b>		
200 SOUTH ORANGE AVENUE SARASOTA FL 34236			B2	82 Street Address (P.O. Box Number is Not Acceptable)			
974	1000 IA FE 34200		83	<u> </u>			
			-				
			84	City		FL 85 Zip Code	
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Fiorida. Such change was at gations of, Section 607.0506, Flor	s, the abovuthorized biida Statute	re-named corp y the corporat is.	poration submits this statement for the purpo dion's board of directors. I hereby accept the	se of changing its registered appointment as registered	
	Stonature, typed or printed name of registered ag		_	ent signature requir		ATE	
12.		ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	DP	ר"ו הכרכונ	1.1 TITLE	ļ		C Change C Abdition	
NAME	HARTENSTINE, J MICHAEL 200 S ORANGE AVE		1.2 NAME				
STREET ADDRESS	SARASOTA FL 34236			T ADDRESS			
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP		Change Addition	
NAME	VARAH, CHARLES	- Detter	2.1 INCC				
STREET ADDRESS	7671 THE PARK BLVD			T ADDRESS			
1	UNIVERSITY PARK FL 34201	1	2.4 CITY-				
CITY-ST-ZIP	81	DELETE	3.1 TITLE	31-21		☐ Change ☐ Addition	
NAME	BARRETT, SUSAN A		32 NAME			"	
STREET ADDRESS	200 S ORANGE AVE			T ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY	ST-ZIP			
TITLE		DELETE	4.1 TITLE		and the state of the the term of the term	Change Addition	
NAME			. 4.2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	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 address.

/-9-98