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

DOCUMENT # **P96000053270 (0)** i. Corporation Name

COURTESY ENTERPRISES, INC.

FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, DE FLIED DE LE DE	UNI BEST TERS
600 N HWY	I HWY 17-92									
LONGWOOD FL 32750				LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								06/20/1996		İ
2. Principal F	Place of Busin	2a. Ma	2a. Mailing Address				4. FELLI pber	A	pplied For	
21			26	26				- 65-1305182	N.	ot Applicable
Suite, Apt	#, etc.	Sui	Suite, Apt. #, etc.				6. Certificate of Status Desired		Additional	
22			27					S. Commodo di Stato Econdo		equired
City & State				City & State				6. Election Campaign Financing		May Be
23				Zip Country				Trust Fund Contribution		
Zip	Country			¬ —		лигу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24 25 29 29 9. Name and Address of Current Registered Agent					[30]	10. Name and Address of New Registered Agent				
LAZINSK, STEPHEN A							Name			
600 N HWY 17-92										
LONGWOOD FL 32750						82 Street Address (P.O. Box Number is Not Acceptable)				
F-0	, idiloop	E OEI OU				83				
						84	City	FL	85 Zip	Code
office or	registered ag	ent or both in the State	a of Florida S	Such change was	authoriza	d hv	the cornors	poration submits this statement for the purpose oution's board of directors. I hereby accept the app	f changing i	ts registered registered
agent. I a	am familiar wi	th, and accopt the obliq	jations of, Se	ction 607.0 505, F	lorida Sta	tutes	i	•		_
SIGNATURE	Floretue tuned	or printed name of registered as	west and talk if our	thought. AND	11 Dogielara	d Boo	ent signatura toqui	aired when reinstating) DATE		
12.	Signature, typeo	OFFICERS AN			13.	o Age	in signatora redo	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTOR	RS IN 12
TITLE	DC			DELETE	1.1 Ti	TLE			Change	Addition
NAME SWOPE, SAMUEL G				1.2 NAME						[:
STREET ADDRESS 703 CRICKLEWOOD TERR				1.3 STREET ADD			ADDRESS			17
CITY-ST-ZIP	ST-ZIP HEATHROW FL			1.4 C			T-ZIP			}
TITLE	DP			DELETE 2.1 TI		TLE			Change	Addition C
NAME	HACKETT, D. KIM			2.2 NA		AME		$\mathbf{r}_{i,j}$ (2.2)		
STREET ADDRESS					2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY-			ST-ZIP			
TITLE	DVTS			☐ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME						
STREET ADDRESS	LONOWOOD PI			3.3 STREET ADDRESS						
CITY-ST-ZIP	LUNGW	OOD FL		DELETE	_		ST-ZIP		Change	Addition
TITLE				ווזנגנונ 🚅 אנגנונ	4.1 TI				L Change	- Madilion
NAME					4.2 N					\
STREET ADDRESS				4.3 STREET ADDRESS 4.4 City-St-Zip						
CITY-ST-ZIP	 			DELETE	4.4 U		1-211		Change	Addition
TITLE Name				5	5.1 N				A.W.IAA	
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	}				1		T-ZIP			}
TOTLE	 			DELETE	6.1 7		1-EIF		Change	Addition
NAME					6.2 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					- 6	6.4 CITY - ST - ZIP				
	gortific that the	. :- (aith this tiling	dean not accepted				Section 110 07/3Vi) Florida Statutes further o	antifus that the	o information

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 or in attachment with an address

SIGNATURE

Stephen A. LaZinsk Vitues Co.

21/98 407-767-5594