

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90095 040 \*\*\*150.00

**DOCUMENT # P96000054111**

1. Corporation Name  
**LORTNOC, INC.**



Principal Place of Business

Mailing Address

87851 OLD HIGHWAY  
UNIT M-24  
ISLAMORADA FL 33036

87851 OLD HIGHWAY  
UNIT M-24  
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/24/1996**

4. FEI Number

**65-0675300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **7856 Woodsmuir DR**

26 **7856 Woodsmuir DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **WEST PALM BEACH FL**

27 **WEST PALM BEACH FL**

City & State

City & State

23 **WEST PALM BEACH FL**

28 **WEST PALM BEACH FL**

Zip

Country

Zip

Country

24 **33412**

29 **33412**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRK, WILLIAM E**  
**87851 OLD HWY**  
**UNIT M-24**  
**ISLAMORADA FL 33036**

81 Name

**SHIRK William E.**

82 Street Address (P.O. Box Number is Not Acceptable)

**7856 Woodsmuir DR**

83

84 City

**WEST PALM BEACH**

FL

85 Zip Code

**33412**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT.** ☐ DELETE  
NAME **SHIRK, WILLIAM E**  
STREET ADDRESS **87851 OLD HWY UNIT M-24**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **7856 Woodsmuir DR**  
1.4 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VS** ☐ DELETE  
NAME **SHIRK, JEANNE L**  
STREET ADDRESS **87851 OLD HWY UNIT M-24**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **7856 Woodsmuir DR**  
2.4 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99**

Date

**561-625-6292**

Daytime Phone #

CR2E034 (1/1/98)