

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthen**  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P96000054512 (4)

1. Corporation Name  
**CORTEZ AND STEELE, INC.**

Principal Place of Business  
**1250 FUNSTON STREET  
HOLLYWOOD FL 33019**

Mailing Address  
**1250 FUNSTON STREET  
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1996** 3a. Date of Last Report

4. FEI Number **128** ☒ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21. **Hollywood - Home office**  
Suite, Apt. #, etc.  
22. **Hollywood, FL**  
City & State  
23. **33019**  
Zip  
24. **BROWARD**  
Country  
25. **33019**  
Zip  
26. **1250 FUNSTON STREET**  
Suite, Apt. #, etc.  
27. **Hollywood, FL**  
City & State  
28. **33019**  
Zip  
29. **BROWARD**  
Country  
30. **33019**  
Zip

9. Name and Address of Current Registered Agent

**LITTLE, DEWAYNE L  
1250 FUNSTON STREET  
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81. Name **LITTLE, MARTA DIANE, JR.**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1250 FUNSTON STREET**  
83. **Hollywood**  
City  
84. **FL**  
State  
85. **33019**  
Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 **Marta Diane Little**

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**10-1-97**

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>LITTLE, DEWAYNE L</b>        | 1.2 NAME                                              | <b>VICE PRESIDENT</b>                                                        |
| STREET ADDRESS             | <b>1250 FUNSTON STREET</b>      | 1.3 STREET ADDRESS                                    | <b>LITTLE, MARTA DIANE</b>                                                   |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL 33019</b>       | 1.4 CITY-ST-ZIP                                       | <b>1250 FUNSTON ST, HOLLYWOOD, FL 33019</b>                                  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>VICE PRESIDENT</b>           | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>LITTLE, MARTA DIANE</b>      | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>1250 FUNSTON STREET</b>      | 2.4 CITY-ST-ZIP                                       |                                                                              |
|                            | <b>HOLLYWOOD, FL 33019</b>      |                                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do 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.

SIGNATURE:

**Marta Diane Little**

**10-1-97**

**954921-8026**

**\$550**

FILED

97 OCT -6 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)