

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

DOCUMENT # P96000054512

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 027 *****8.75
03-17-1999 90008 028 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1250 Funston St	26 1250 Funston St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N/A	27 N/A
City & State	City & State
23 Hollywood, FL	28 Hollywood, FL
Zip Country	Zip Country
24 33019 25 USA	29 33019 30 USA

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0680604

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITTLE, MARTA DIANE
1250 FUNSTON STREET
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name	MARTA DIANE LITTLE
82 Street Address (P.O. Box Number is Not Acceptable)	1250 FUNSTON ST.
83	
84 City	HOLLYWOOD
85 Zip Code	33019

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, DEWAYNE L	
STREET ADDRESS	1250 FUNSTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LITTLE, MARTA DIANE	
STREET ADDRESS	1250 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (1/98)