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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **P96000065530 (3)**

1. Corporation	ORTS, INC), 												
Principal Place of Business Mailing Address 1288 BELAIRE COURT 1288 BELAIRE COURT NAPLES FL 34110 NAPLES FL 34110-1502										(188(188(199 181))	i esits sue:	i Milian Couce	, T	
										3. Date Incorporated or Qualified 08/06/1996	3a. [ate of Last R	ероп	
2. Principal Place of Business 21				2a. Mailing Address 26						4. FEI Number 59 - 339700	!		oplied For ot Applicable	
Suite, Apt. #. etc				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional		
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be		
Zip Country				28			Country			Trust Fund Contribution 8. This corporation has liability for Florida Statutes				
25 29 30 30 9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent				
DEM/	AREST, JAM	ES T			···	8	1	Name	•••••	· · · · · · · · · · · · · · · · · · ·			9. 	
1288 BELAIRE COURT NAPLES FL 34110							2	Street A	ddre	ss (P.O. Box Number is Not Accepta	ble)			
	2012 0711	•				8	3							
						8	84 City				FI	85 Zip (Code	
office or r agent. La SIGNATURE	egistered age m familiar with	nt, or both, in the St n, and accept the ob	ate of Flo digations	orida Such chang of, Section 607.0	a Statutes e was au 505, Flor	s, the abo thorized ida Statul	by es.	-named c the corpo	orpo oratio	ration submits this statement for the n's board of directors. I hereby acco	purpose optithe ap	of changing it pointment as	s registered registered	
	Signature, typed o	r printed name of registered			(NOTE:		ger	nt signature re	quirec	when reinstating)	DATE	ID DIDECTOR	20.10.40	
12.	OFFICERS A			ND DIRECTORS DELETE			13.			ADDITIONS/CHANGES TO OFF	CEHS AN	Change	Addition	
NAME				Land Date		1.2 NAM		•		MES T. DEMARGEST		La Crango	LEGIT TOURIST	
STREET ADDRESS						1.3 STRE	ET A		12	5/D MES T. DEMAREST 88 BELAIRE COURT PUES, FL 34110				
CITY - ST - ZIP				DEL	ETE	1.4 CITY 2.1 TITL		- ZIP		T/D		Change	▲ Addition	
NAME				•		2.2 NAM				RYSIA L DEMAREST			_	
STREET ADDRESS						2.3 STRE	ET #	ADORESS	12	88 BELAIRE COURT				
CITY-ST-ZIP						2. 4 CIT	/-S	T-21P	NA	PLES, FL 3410				
TITLE				[] DEL	F1E	3.1 TITU						Change	Addition	
NAME ADDRESS						32 NAM								
STREET ADDRESS						3.4. CIT		ADDRESS T. 7/P						
CITY-ST-ZIP		**************************************		DEL	ETE	4.1 TITL		1 - £3F				Change	Addition	
NAME						4. 2 NAM	ΛE							
STREET ADDRESS						4.3 STRE	ET #	ADDRESS						
CITY-ST-ZIP			·=····			4.4 CITY		T-ZIP					1 3 July .	
TITLE				☐ DEL	tlt	5.1 TITU						Change	Addition	
NAME						5.2 NAM		1000000						
STREET ADDRESS	1							ADDRESS						
CITY-ST-ZIP TITLE				DEL	ETE	5.4 CITY 6.1 TITL	******	- 411				Change	Addition	
NAME				Lud Dic		6.2 NAM		\						
STREET ADDRESS								ADORESS						

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 it am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or long an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/9697 941-514-0208

FILED

Feb 17 1997 8:00am

Secretary of State

me Phone #