2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2004 08:00 AM **Secretary of State DOCUMENT # P96000096043** CORTEZ APARTMENTS, INC. Principal Place of Business Mailing Address 1416 CEDAR BAY LANE 1416 CEDAR BAY LANE SARASOTA, FL 34231 SARASOTA, FL 34231 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0710162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION DO NOT WRITE 1 BRICKELL AVE STE 300 IN THIS SPACE MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE — U00000080051 03/08/04-80093-009 150.00 LUDWIG, CLARENCE J NAME STREET ADDRESS 221 VESTAVIA DRIVE CITY-ST-ZIP VENICE, FL 71715 MACASKILL, JOHN NAME STREET ADDRESS 1416 CEDAR BAY LANE CITY-ST-ZIP SARASOTA, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attach

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED