


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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003248 (6)

1. Corporation Name  
ORT ENTERPRISES, INC.

Principal Place of Business  
822 HANCOCK BRIDGE PARKWAY  
CAPE CORAL FL 33990

Mailing Address  
822 HANCOCK BRIDGE PARKWAY  
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1113 SE 3RD ST.	26 1113 SE 3RD ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CAPE CORAL, FL	28 City & State CAPE CORAL, FL
24 Zip 33990	29 Zip 33990
25 Country LEE	30 Country LEE

3. Date Incorporated or Qualified 01/13/1997	4. FEI Number 65-0718002
5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUTLER, GAREY F  
BUTLER, HUMPHREY & KNOTT, P.A.  
1625 HENDRY ST, SUITE 301  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name DAVID C. ORT	85 Zip Code 33995
82 Street Address (P.O. Box Number is Not Acceptable) 17260 VAGABOND CIRCLE	
83	
84 City PUNTA GORDA, FL	

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

*David C. Ort*

DAVID C. ORT

3/30/98

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	ORT, DON R	
STREET ADDRESS	822 HANCOCK BRIDGE PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORT, DAVID C	
STREET ADDRESS	17260 VAGABOND CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORT, MARGARET A	
STREET ADDRESS	822 HANCOCK BRIDGE PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORT, DON R.	
1.3 STREET ADDRESS	1113 SE 3RD ST.	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORT, DAVID C.	
2.3 STREET ADDRESS	17260 VAGABOND CIRCLE	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33995	
3.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORT, MARGARET A.	
3.3 STREET ADDRESS	1113 SE 3RD ST.	
3.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	
4.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BREENBER, MARGARET M.	
4.3 STREET ADDRESS	886 S. FOLLY	
4.4 CITY-ST-ZIP	KANKAKEE, IL 60901	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*David C. Ort*

3/30/98 941-639-9605

CR2E034 (10/97)