**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i. Corporation		003248			
ORT ENT	TERPRISES, INC.				
Principal Place	of Rusiness	Mailing Address			
1113 SE 3RD S		1113 SE 3RD ST			
CAPE CORAL F		CAPE CORAL FL 33990			
US		US		DO NOT WRITE IN TH	HIS SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>01/13/1997</li> </ol>	
2 Principal D	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21	= -	26	<u>ب</u> يا سو	65-0718002	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	·	27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
ORT	, DAVID C		oi Name		
	O VAGABOND CIR		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
	TA GORDA FL 33995		83		
7011	THE GOODS	,			
	•		84 City		85 Zip Code
44 Discourants	to the provinces of Castions 607 060	12 and 607 1508 Florida Statutos	the above-named or	progration submits this statement for the purpose	or changing its registered
office or r	onictored agent or both in the State	of Florida, Such change was allif	ionzea ov me camba	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was allif	ionzea ov me camba	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autritions of, Section 607.0505, Florida	a Statutes.	alion's board of directors. Thereby accept the ap	pointment as registered
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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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 023 \*\*\*150.00