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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90010 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000020301**

1. Corporation Name
The Cormont Corporation

Principal Place of Business: **3952 Irma Shores Dr. Orlando, Florida 32817**
 Mailing Address: **3952 Irma Shores Dr. Orlando, Florida 32817**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
March 2, 1998

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3502554	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Keith Manzi
215 N. Eola Drive
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	D
NAME	Michael A. Corder
STREET ADDRESS	3952 Irma Shores Drive
CITY-ST-ZIP	Orlando, FL 32817
TITLE <input type="checkbox"/> DELETE	D
NAME	James L. Montgomery
STREET ADDRESS	10651 Buck Road
CITY-ST-ZIP	Orlando, FL 32817
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PS
1.2 NAME	Barbara A. Montgomery
1.3 STREET ADDRESS	10651 Buck Road
1.4 CITY-ST-ZIP	Orlando, FL 32817
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DV
2.2 NAME	James L. Montgomery
2.3 STREET ADDRESS	10651 Buck Road
2.4 CITY-ST-ZIP	Orlando, FL 32817
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T
3.2 NAME	Kathryn H. Corder
3.3 STREET ADDRESS	3952 Irma Shores Drive
3.4 CITY-ST-ZIP	Orlando, FL 32817
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 for an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara A. Montgomery*
Barbara A. Montgomery

678-8491

CR2F03M (11/93)