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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000032128

1. Corporation Name
CORTEC ENTRY SYSTEMS, INC.

Principal Place of Business
5824 BEE RIDGE ROAD
SUITE 324
SARASOTA FL 34233

Mailing Address
5824 BEE RIDGE ROAD
SUITE 324
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/1998

4. FEI Number
65-0837105

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 1753 CATLEMEN ROAD
 Suite, Apt. #, etc.
22

2a. Mailing Address
26 PMB * 324
 Suite, Apt. #, etc.
27 5824 BEE RIDGE ROAD
 City & State
28 SARASOTA, FLORIDA
 Zip
29 34233 Country
30 UNITED STATES

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CORDONNIER, RONALD T	1.1 TITLE	P RONALD T CORDONNIER
NAME	CORDONNIER, RONALD T	1.2 NAME	RONALD T CORDONNIER
STREET ADDRESS	5824 BEE RIDGE ROAD	1.3 STREET ADDRESS	238 WOODINGHAM TRAIL
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	VENICE, FLORIDA 34292
TITLE	STD CORDONNIER, DARLA C	2.1 TITLE	ST DARLA C. CORDONNIER
NAME	CORDONNIER, DARLA C	2.2 NAME	DARLA C. CORDONNIER
STREET ADDRESS	5824 BEE RIDGE ROAD	2.3 STREET ADDRESS	238 WOODINGHAM TRAIL
CITY-ST-ZIP	SARASOTA FL 34233	2.4 CITY-ST-ZIP	VENICE, FLORIDA 34292
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Ronald T. Cordonnier* **RONALD T. CORDONNIER** **PRESIDENT** **4-28-99** **741-379-0564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)