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

PROFIT
CORPORATION
ANNUAL REPORT
1999 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082128

1. Corporation Name

CORTEZ CLUB INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4330 127TH ST. W.	P.O. BOX 7472
CODTEZ EL 34215	RRADEMION FI 34210

STATE OF STA

00 MAY 11 AM 10: 27



330 127TH ST. ORTEZ FL 342		P.O. BOX 7472 Bradenton FL 34210			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/21/1998			
. Principal Pl	ace of Business	2a. Mailing Address 26	•		4. FEI Number 65 - 084+40		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	-	Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip !	Country 25	Zip 3	Country		This corporation owes the current year In Personal Property Tax.	tangible Yes	⊠No	
1	9. Name and Address of Curren	nt Registered Agent		_	10. Name and Address of New Registered	Agent		
			81	Name				
4330	Per, Kathy) 127th St. W.		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
COR	TEZ FL 34215		83					
			84	City	FL	85 Zi	p Code	
IGNATURE	Signature, typed or printed name of registered age				red when reinstating) ADDITIONS/CHANGES TO OFFICERS A	26-0	<u> </u>	
2. TLE		DELETE	1.1 TITLE		ADDITIONO/OFIANOLO TO OFF TOLING A	Chang		
	D CHEDED MATHY		1.2 NAME	1	400002271			
AME	SHEPER, KATHY 4330 127TH ST. W.			TADDRESS	400003271 -05/31/00	กไก้ไว้-	-007	
TREET ADDRESS	CORTEZ FL 34215		1.4 CITY-S		****150.00	****	:150.00	
TY-ST-ZIP TLE	CONTEZ 1 E 34213	☐ DELETE	2.1 TITLE	1-21		Chang		
AME			2.2 NAME				ļ	
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AME			3.2 NAME					
FREET ADDRESS			3.3 STREE	TADORESS				
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ty-st- <u>zip</u> tle	. ,	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	 	Chang	e Addition (
AME			5.2 NAME				<u> </u>	
TREET ADDRESS			5.3 STREE	TADDRESS				
TY-ST-ZIP			5.4 CITY- S	1	•			
TLE		☐ DELETÉ	6.1 TITLE			☐ Chang	e	
AME			6.2 NAME					
REET ADDRESS			6.3 STREE	T ADDRESS				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Daytime Phone #