

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY -1 AM 8:07

DOCUMENT # 134829 (1)

T. Corporation Name

ORLANDO ATLANTIC BEACH COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 114 HARRISON STREET
P O BOX 250
COCOA FL 32923-7250

Mailing Address: 114 HARRISON STREET
P O BOX 250
COCOA FL 32923-7250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/04/1937	10/11/1994
22 State Apt. #, etc.		27 State Apt. #, etc.		4. FEI Number	Applied For
22		27		59-6076191	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24 Zip	25 County	29 Zip	30 County	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHEPARD, WALTER C JR 114 HARRISON STREET COCOA FL 32922				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, ZORA M	12 NAME	
STREET ADDRESS	114 HARRISON STREET	13 STREET ADDRESS	
CITY ST. ZIP	COCOA FL	14 CITY ST. ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, WALTER C., JR.	22 NAME	
STREET ADDRESS	114 HARRISON STREET	23 STREET ADDRESS	
CITY ST. ZIP	COCOA FL	24 CITY ST. ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, DEBORAH K.	32 NAME	
STREET ADDRESS	114 HARRISON STREET	33 STREET ADDRESS	
CITY ST. ZIP	COCOA FL	34 CITY ST. ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST. ZIP		44 CITY ST. ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST. ZIP		54 CITY ST. ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST. ZIP		64 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information filed about 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 available for a period of three (3) months from the receipt of a notice to produce the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1A if changed, on an attachment with an affidavit.

SIGNATURE: *Walter C. Shepard, Jr.* DATE: 8/17/95 TELEPHONE: 407-626-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR