FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPOR
1996

DOCUMENT #

762699

(7)

ORAN INC.	IGE COUNTY BAR ASSOCIA										
Principal Place	of Business	Mailing Address					I OEBIII (BAIR BIIRA IRAU BIIRA IBIR			11 014 11 018 11 1401	
880 N ORANGE AVENUE #100 880 N ORANGE AVENUE #100 ORLANDO FL 32801 ORLANDO FL 3280											
							3. Date Incorporated or Qualified 04/01/1982	3a . Da	ate of Last 04/24/]
	ace of Business	2a. Mailing Address					4. FEI Number Applied F.				_
21			26				59-2215141 Not Applicable				
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State					6. Election Campaign Financing				
23		28				•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	Country			8. This corporation has liability for in	tangible ta	ax under s.	199.032	1
24	25	29	30	,				Yes 🗌			
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Re	gistered	Agent]
				81	Name						
	SE COUNTY BAR ASSOCIATION,	INC.	82 Street Ado			0/68	s (P.O. Box Number is Not Acceptable)	-		1
	ORANGE AVENUE #100 DO FL 32801			83							\dashv
1 ONDAN	DO FL 32001										
				84	City			FL	85 Zip	p Code	1
11. Pursuant or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid lth, and accept the obligations of, Secti	and 617.1508, Florida Statu da. Such change was authori on 617.0503, Florida Statute	tes, the abo zed by the s.	ove-n	named corpo oration's bo	orational oration	on submits this statement for the purp of directors. I hereby accept the appoi			egistered office agent. I am	
SIGNATURE											
12.	Signature, typed or printed name of registered agent a OFFICERS AND		OTE Registered	ı Ağen	nt signature requi	red wh		DATE) FNID5 () I ()		يَ إ
TITLE	D OFFICERS AND	DELETE	1.1 T	TIE	<u> </u>		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12	- 8
NAME	MIHOK, A. THOMAS	Decert	1.2 N						change	Addition	.
STREET ADDRESS 120 E. ROBINSON ST.					STREET ADDRESS						8
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY			7000017973 -04/29/96010160		79	9		ļ
TITLE	T	DELETE	211		1.50		-04/29/96010	60	Change	Addition	ქ8
NAME	MORGAN, MARY ANN		22 N	AME			***61.25			_	
STREET ADDRESS	330 E. CENTRAL BLVD.		2 3 S	TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801		2.40	DITY - S	ST-ZIP						
TITLE	PD	⊠ DELETE		TLE		PD			Change	X Addition	1
NAME	SMITH, MAURA T.		3 2 N		1	WA:	RREN W. LINDSEY				
STREET ADDRESS	255 S. ORANGE AVE. 801		3.3 S	TREET	ADDRESS	11.	50 Louisiana Ave	. #1			
CITY-ST-ZIP	ORLANDO FL		3 4. 0	ITY-S	ST-ZIP U	Jiı	nter Park, FL 3	2790			
TITLE	S	DELETE	4 1 T	ITLE					☐ Change	Addition	
NAME	DIVINE, RUSSELL W.		4.21	AME							
STREET ADDRESS	14 E. WASHINGTON ST., #5	00	438	TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32801			HTY - S	T-ZIP						_
TITLE	D	DELETE	511					1	Change	Addition	
NAME	TREES, PHILLIP H.		52 N							ď	X
STREET ADDRESS	201 E.PINE STREET				ADDRESS					`	Ĭ
CITY-ST-ZIP	ORLANDO, FL 00000	DELETE		ITY - S	T-ZIP			 ,		The same of the sa	
TITLE	EOV ELOISE O	Morreig	617					l	☐ Change	□ Add tion)
NAME STREET ADDRESS	FOX, ELOISE O. 880 N. ORANGE AVE		62 N		Apparac					67	
STREET ADDRESS	ORLANDO, FL 00000		63 STF							20	
CITY-ST-ZIP	CHENIES, I'L WWW		■ 64C	ITY - \$1	r-ZiP						- 1

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 119.0"(3)(k), 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 trostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chantest tries and address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytone Provie.