

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F52802 (8)**

1. Corporation Name

111 NORTH ORANGE INCORPORATED



Principal Place of Business

Mailing Address

**2 S BISCAYNE BLVD
SUITE 1470
MIAMI FL 33131**

**2 S BISCAYNE BLVD
SUITE 1470
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 899 W. Cypress Creek Rd.

26 899 W. Cypress Creek Rd.

Suite, Apt. #, etc.
22 Suite 317

Suite, Apt. #, etc.
27 Suite 317

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip Country
24 33309 USA

Zip Country
29 33309 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/06/1981

03/02/1995

4. FEI Number

Applied for
Not Applicable

58-1465279

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 has liability for intangible tax under s. 199.032, Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed for printing on this report and the annual report.

Signature of Registered Agent; signature responsible for filing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSAMA EL-HADDAD	
STREET ADDRESS	2 S BISCAYNE BLVD., STE 1470	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FONG, MICHAEL C	
STREET ADDRESS	2 SO BISCAYNE BLVD STE 1470	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMEEL, MAGDI	
STREET ADDRESS	1 RUE DES GENETS	
CITY-STATE-ZIP	MONTE CARLO, IL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LOVELL, RICHARD C	
STREET ADDRESS	2 SO BISCAYNE BLVD STE 1470	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
14 CITY-STATE-ZIP	Ft. Lauderdale, FL 33309
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
24 CITY-STATE-ZIP	Ft. Lauderdale, FL 33309
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	899 W. Cypress Creek Rd., Suite 317
44 CITY-STATE-ZIP	Ft. Lauderdale, FL 33309
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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(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 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.

SIGNATURE:

Richard O. Lovell Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD O. LOVELL

(954) 772-2277

CR2E034 (12/95)