FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR 10 PM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97760** (7)

1. Corporation Name
ORLANDO TECHCENTER, INC.

Principal Place of Business	Mailing Address
% SHUTTS & BOWEN 222 LAKEVIEW AVE., SUITE 1000 WEST PALM BEACH FL 33401	% SHUTTS & BOWEN 222 LAKEVIEW AVE., SUITE 1000 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 250 Austrailian Ave So	26 250 Austrailian Ave So.
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

4. FEI Number: 65-0215603 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA MIAMI FL 33131	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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	REIBETANZ, SUSAN	1.2 NAME		
STREET ADDRESS	% 222 LAKEVIEW AVE,#1000	1.3 STREET ADDRESS	c/o 250 Australian Ave.So.	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Suite 500 West Palm Beach,FL33401	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition	
NAME	ACKERMANS, GERHARD	2.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE #1000	2.3 STREET ADDRESS	c/o 250 Australian AvenueSouth	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	Suite 500 West Palm Beach, FL33401	
TITLE	PST	3.1 TITLE	☒ Change ☐ Addition	
NAME	REIBETANZ, SUSAN	3.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE #1000	3.3 STREET ADDRESS	c/o 250 Australian Avenue South	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	Suite 500 West Palm Beach, Fl 33401	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition	
NAME	ULRICH, HAHN	4.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE S1000	4.3 STREET ADDRESS	c/o 250 Australian Avenue South	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	Suite 500 West Palm Beach, Fl 33401	
TITLE	Vice President	5.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	Guenther Reibling	5.2 NAME	Guenther Reibling	
STREET ADDRESS	1400 E. Newport Center Dr. 209	5.3 STREET ADDRESS	1400 E. Newport Center Dr. 209	
CITY-ST-ZIP	Deerfield Beach, Fl 33442	5.4 CITY-ST-ZIP	Deerfield Beach, Fl 33442	
TITLE	Asst. Sec.	6.1 TITLE	Asst. Sec.	☐ Change ☒ Addition
NAME	Linda Kassof	6.2 NAME	Linda Kassof	
STREET ADDRESS	1400 E. Newport Center Dr. 209	6.3 STREET ADDRESS	1400 E. Newport Center Dr.	
CITY-ST-ZIP	Deerfield Beach, Fl 33442	6.4 CITY-ST-ZIP	Deerfield Beach, Fl 33442	

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)(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.

SIGNATURE: Guenther Reibling 3-6-95 305-981-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0243178 CP