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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95949

(7)

THE ORLANDO GROUP, INC.

FILED

May 08 1998 8:00am

Secretary of State

807-8 SECOND STREET	807-B SECOND STREET ALTAMONTE SPRINGS EL 32701	
Principal Place of Business	Mailing Address	-

ALTAMONTE SPRINGS FL 32701		ALTAMONIE SPRINGS FE 32701		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		
						08/25/1988		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	 '	oplied For
21		26				00 69 1700 1		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional
22		City & State				<u> </u>		equired
City & Stat	le	} ₁				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	28 Zip	Co	untry				
24	25	29	30	,		8. This corporation owes or has paid the cure Personal Property Tax due June 30.		No
24]	9. Name and Address of Curre		1901	T		10. Name and Address of New Registered		
JAI.	CK, L HINES			81	Name			
	7-B SECOND STREET			82	Charle Ade	dress (P.O. Box Number is Not Acceptable)		
	FAMONTE SPRINGS FL 32701			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
/L	MONTE OF MINOS TE SERVI			83				
				84	City		os Zin	Code
					'	FL	_ ' '	
agent I a	am familiar with, and accept the obli	gations of, Section 607.0505, I	Horida Sta	tute	S.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	'	· ·
SIGNATURE	Signature, typed or printed name of registered a	get Land title if applicable (NO	OII Register	ed Age	ent signature requ	uired when reinstaling) DATE		
12,		NO DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	OP .	☐ DELETE		TITLE			Change	Addition Addition
NAME	HINES, JACK L.			NAME				
STREET ADDRESS	807-B SECOND STREET		1.3 3	STREET	T ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL	T MICE	_		ST-ZIP		Change	Addition
TITLE		DELETE		HILE				LT MOUNTON
NAME				NAME				
STREET ADDRESS	ł				I ADDRESS			
CITY-ST-ZIP		DELETE		CITY-:	ST-ZIP		Change	Addition
TITLE		Otter		NAME			onengo	
NAME STREET ADDRESS	1				T ADDRESS			
					ST-ZIP			
CITY-ST-ZIP TITLE		DELETE		TITLE	31-211		Change	Addition
NAME				NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			4.4	CITY-S	\$1 - ZIP			
TITLE		DELETE		TITLE			Change	Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	T ADDRESS			
CITY-ST-ZIP			5.4	CITY - S	S1 - ZIP			<u></u>
TITLE		DELETE	6.1	TITLE			Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET	T ADDRESS			
City-St-ZiP			6.4	CITY-S	ST-ZIP			

14. Thereby 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.

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