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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N96000000950 (3)

1. Corporation Name
ORLANDO G.O.H., INC.

Principal Place of Business	Mailing Address
46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899	46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899

3. Date Incorporated or Qualified: 02/20/1996

4. FEI Number: 59-3369165 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DICK FARMER'S HARLEY-DAVIDSON OF ORLANDO 46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899	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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		Change / Addition
TITLE	S	☐	1.1 TITLE	D	☒ ☐
NAME	KING, SANDY		1.2 NAME	King, Sandy	
STREET ADDRESS	1914 CHAMBERLIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐	2.1 TITLE		☐ ☐
NAME	ROCQUE, ROBERT		2.2 NAME		
STREET ADDRESS	10746 SPRING BUCK TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP		
TITLE	D S	☐	3.1 TITLE	S	☒ ☐
NAME	LIKAVEC, JOHN		3.2 NAME	Likavec, John	
STREET ADDRESS	840 OAK MANOR CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP		
TITLE	T	☒	4.1 TITLE	D	☐ ☒
NAME	HOOK, RICHARD E		4.2 NAME	Dick Strawser	
STREET ADDRESS	4736 SUDBURY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	T	☐	5.1 TITLE	T	☐ ☒
NAME	FRANK J. GUIDA		5.2 NAME	Frank J Guida	
STREET ADDRESS	515 RIVIERA DR		5.3 STREET ADDRESS	515 Riviera DR	
CITY-ST-ZIP	ALTAMONTE SPGS, FL		5.4 CITY-ST-ZIP	Altamonte Springs FL	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D John DeChristopher ORLANDO, FL	☐ ☒

CR2E037 (10/97)

14. I hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank J Guida Frank Guida Treasurer (407) 539-0081