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NONPROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

N9600000950 (3)

FILED Feb 16 1998 8:00am Secretary of State

ORLANDO G.O.H., INC.		
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Principal Plac	e of Busines	3	Mailing A	Address			r ibbition file notin Bills abiti diciti gatit	ABILI BASSI ABINE IBINS I		
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		plied For of Applicable	
Principal Place of Business The Principal Place of Business The Principal Place of Business			2a. Mailir 26	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Fee Ro	Additional equired	
Suite, Apt. #, etc.			\vdash	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	May Be	
City & State				City & State				Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?		
23			28	h— ·			Yes No			
Zip		Country	Zip		Coun	try	8. This corporation owes or has paid t			
24		25	[29]	Anani	30		Personal Property Tax due June 30. 10. Name and Address of New Regis		Q No	
	y, Name	and Address of Current	r negistered	Ağent		11 Name	10. Name and Address of New Regis	reled Agent		
51017 51					1	IVAIIIO				
		ARLEY-DAVIDSON OF	ORLANDO	DRLANDO 62 5			et Address (P.O. Box Number is Not Acceptable)			
46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899				83		13				
						I4 City		85 Zip	Code	
						1		FL T		
11. Pursuant	IO ICIO PIOVISI	Oris of Socions of 7.0502					poration's board of directors. I hereby accept the	e appointment as	registered	
office or agent. I a		ons of Sections 617,0502 ent, or both, in the State of the and accept the obligation of the provided printed again.						DATE		
			nt and title if applica	able (NC				DATE		
SIGNATURE		or printed hense of registered agen	nt and title if applica	able (NC	DTE: Registered A	on signatur	e required when reinstating)	DATE	S IN 12	
SIGNATURE	Signature, typed	or printed name of registered again OFFICERS AND	nt and title if applica	able (NC	OTE: Registered A	Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE S AND DIRECTOR	S IN 12	
SIGNATURE	Signature, typed	or printed name of registered again OFFICERS AND	nt and title if applica	able (NC	DTE: Registered A 13. 1.1 TITU 1.2 NAM	Agent signatur	e required when reinstating)	DATE S AND DIRECTOR	S IN 12	
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Fineredy certify that the information supplied with this filling does not quality for the exemption stated in Section 19.07(3)(f), Florida Statutes. 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 of 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:

rank Huide

FRANK GUIDA /TROBURGE (407) 539-0031