


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000005296 (7)

1. Corporation Name

ORVEST PARTNERS, INC.

Principal Place of Business

640 DARTMOUTH ST
ORLANDO FL 32804
US

Mailing Address

640 DARTMOUTH ST
ORLANDO FL 32804
US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

01/22/1993

4. FEI Number

59-3176912

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

HONEY, RICHARD N.
104 HICKORY DRIVE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	THE METAGROUP INC.
82 Street Address (P.O. Box Number is Not Acceptable)	648 DARTMOUTH STREET
83	
84 City	ORLANDO, FL
85 Zip Code	32804

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, to be signed by the registered agent and filed if applicable.

RANDY LAZARUS, President

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/S
NAME	LAZARUS, RANDY	1.2 NAME	LAZARUS, RANDY C.
STREET ADDRESS	640 DARTMOUTH ST	1.3 STREET ADDRESS	640 DARTMOUTH STREET
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	P	2.1 TITLE	D
NAME	HONEY, RICHARD N.	2.2 NAME	HONEY, RICHARD
STREET ADDRESS	104 HICKORY DRIVE	2.3 STREET ADDRESS	104 HICKORY DRIVE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE		3.1 TITLE	VP/IT
NAME		3.2 NAME	RONCA, LOUIS R.
STREET ADDRESS		3.3 STREET ADDRESS	640 DARTMOUTH STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY LAZARUS

1/6/97

(407) 420-1222
ext 106

CR2E034 (10/97)