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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000080517 (3)

1. Corporation Name ORCHID ISLAND PROPERTIES, INC.  Principal Place of Business Mailing Address M25 WINDSOR BLVD VERO BEACH FL 32963-9430					
			3. Date incorporated or Qualifie 11/02/1994	d 3a. Date of Last F	Report
Principal Place of Business	2a. Mailing Address		4. FEI Number	}- <del></del>	oplied For
Suite, Apt # etc.	Suite, Apt. #, etc.		65-0530475		ot Applicable Additional
Senter Profession	27		5. Certificate of Status Desired	,	equired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
	28	V 05-1-1	Trust Fund Contribution		to Fees
Zip Country	7ip 29	Country 30	8. This corporation has liability f Florida Statutes	or intangible tax under a	3. 199.032,
9. Name and Address of C		[30]	10. Name and Address of New		
QUINN, JEROME D		81 Name			······································
3111 CARDINAL DR		B2 Street	82 Street Address (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
VERO BEACH FL 32963					
		83			
		84 City		FL 85 Zip	Code
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am lamiliar with, and accept the</li> </ol>	7 0502 and 607 1508. Florida Statut	es the above-named	corporation submits this statement for th	e purpose of changing i	ts registere
tigent to intermite with the troops one	obligations or, section our costs, i it	JIIUd Statutes,			
IGNATURE Signature, typed or printed name of register		E Registered Agent signature		DATE	
IGNATURE  Signature, typical or profest name of register  COFFICER  III	ered agent and trile if applicable. (NOT	E. Registered Agent signature	required when reinstating)	DATE	RS IN 12
GNATURE Signature, hybrid or profest name of register  C. OFFICER  IF DC  WESTON, W GALEN	red agent and title if applicable. (NOT IS AND DIRECTORS DELETE	E Registered Agent signature	required when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
Signature Signature National or product information registers:  OFFICER:  UF  WESTON, W GALEN  RELEADDRESS  22 ST CLAIR AVE E SUITI	red agent and tile if applicable. (NOT S AND DIRECTORS DELETE	E Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
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Signature Signature, National or product rating of register 2. OFFICERS  ILE DC WESTON, W GALEN 22 ST CLAIR AVE E SUITI TORONTO ONTARIO CANVINCE	red agent and tile if applicable. (NOT S AND DIRECTORS DELETE	E Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	required when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
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Signature Signature, hybrid of printed name of register 2. OFFICERS  DC WESTON, W GALEN 22 ST CLAIR AVE E SUITT TORONTO ONTARIO CANVIVO DART, ROBERT J 22 ST CLAIR AVE E SUITT CONTROLLED C	THE Agent and tele if applicable. (NOT IS AND DIRECTORS DELETE  E 1901 ADA  DELETE  E 2001	E Registered Agent signature  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	required when reinstating)	DATE FICERS AND DIRECTOR Change	RS IN 12
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LINDA MIKESH

SIGNATURE

4/23/97 (561)-388-5050

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Daytime Phone # 0106729