

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S17093** (3)

1. Corporation Name

MT/ORLANDO, INC.

Principal Place of Business

**%4600 L.B. MCLEOD ROAD
ORLANDO FL 32811**

Mailing Address

**%4600 L.B. MCLEOD ROAD
ORLANDO FL 32811**



2. Principal Place of Business

21 Sub-Agency #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Sub-Agency #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**DEL VECCHIO, CARL
4600 LB MCLEOD RD
ORLANDO FL 32811**

3. Date Incorporated or Qualified

12/07/1990

3a. Date of Last Report

01/20/1995

4. FEI Number

22-3134688

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME: **DC VOSS, MICHAEL D**
12.2 STREET ADDRESS: **2500 N MILITARY TR #260**
12.3 CITY-STATE-ZIP: **BOCA RATON FL**
12.4 TITLE: **S**
12.5 NAME: **MORLEY, TOM**
12.6 STREET ADDRESS: **55 MADISON CIRCLE DR**
12.7 CITY-STATE-ZIP: **E. RUTHERFORD NJ**
12.8 TITLE: **V**
12.9 NAME: **DEL VECCHIO, CARL**
12.10 STREET ADDRESS: **4600 LB MCLEOD RD.**
12.11 CITY-STATE-ZIP: **ORLANDO FL 32811**
12.12 TITLE:

12.13 NAME:
12.14 STREET ADDRESS:
12.15 CITY-STATE-ZIP:
12.16 TITLE:
12.17 NAME:
12.18 STREET ADDRESS:
12.19 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: ☐ Change ☐ Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:
13.5 TITLE: ☐ Change ☐ Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY-STATE-ZIP:
13.9 TITLE: ☐ Change ☐ Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-STATE-ZIP:
13.13 TITLE: ☐ Change ☐ Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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 in an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

1/17/96

407-648-4464

CR2E034 (12/95)