

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 FEB 17 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S97817** (8)

1. Corporation Name  
**205 CITY CENTRE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**111 N. ORANGE AVE.  
SUITE 2050  
ORLANDO FL 32801  
US**

Mailing Address  
**111 N. ORANGE AVE.  
SUITE 2050  
ORLANDO FL 32801  
US**

3. Date Incorporated or Qualified  
**12/04/1991**

3a. Date of Last Report  
**04/08/1994**

2. Principal Place of Business  
21. **205 E. Central Blvd.**

2a. Mailing Address  
26. **205 E. Central Blvd.**

4. FEI Number  
**59-3096491**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
22. **Suite 600**

Suite, Apt. #, etc.  
27. **Suite 600**

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

City & State  
23. **Orlando, FL**

City & State  
28. **Orlando, FL**

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

Zip  
24. **32801**

Country  
25. **US**

Zip  
29. **32801**

Country  
30. **US**

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

9. Name and Address of Current Registered Agent  
**TEETER, ANGELO R.  
111 N. ORANGE AVE.  
SUITE 2050  
ORLANDO FL 32801**

10. Name and Address of Now 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 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer (owner) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	TEETER, ANGELO R. 111 N. ORANGE AVE, #2050 ORLANDO FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	205 E. Central Blvd., #600
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Orlando, FL 32801
TITLE V	TURCHI, RALPH PAUL 8252 AMBROSE COVE WAY ORLANDO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(3)(b), Florida Statutes. I hereby 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. 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: **Ralph P. Turchi** **2/18/95** (407) 426-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR