

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **648958**

(7)

1. Corporation Name

ORANGE REALTY MASTERS, INC.



Principal Place of Business

**6500 W. COLONIAL DR
ORLANDO FL 32818**

Mailing Address

**6500 W. COLONIAL DR
ORLANDO FL 32818**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. State, Apt. #, etc.

25. Country

29. State, Apt. #, etc.

30. Country

9. Name and Address of Current Registered Agent

**PARKER, CARL H
1478 MAGELLAN CRCL.
ORLANDO FL 32818**

3. Date Incorporated or Qualified

12/20/1979

3a. Date of Last Report

01/19/1995

4. FEE Number

59-1955146

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. City

84. Zip Code

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.13(2), 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 obligation of Section 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DV	☐ DELETE
NAME	BILLINGS, LOUISE H.	
STREET ADDRESS	2604 WOODBRIDGE LN.	
CITY-STATE-ZIP	ORLANDO FL	
NAME	DP	☐ DELETE
NAME	PARKER, CARL H	
STREET ADDRESS	1478 MAGELLAN CRCL.	
CITY-STATE-ZIP	ORLANDO, FL 00000	
NAME	DST	☐ DELETE
NAME	DANIELS, NANCY C.	
STREET ADDRESS	2005 LEISURE DR.	
CITY-STATE-ZIP	ORLANDO FL	
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an affidavit with an address.

SIGNATURE: *Carl H. Parker* **CARL H. PARKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 1-15-96 407-2999296

CR2E034 (12/95)