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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H76960 DOCUMENT # 1. Corporation Name

PAY I	DAYS OF ORLANDO, INC.					
Puncipal Place 5829 E CO ORLANDO US	LONIAL	Maring Address 5829 E COLONIAL ORLANDO FL 32807 US	7			
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FÉI Number Applied For 59-2651165 Not Applie	
Suite, Apt. #	. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	a†
Oity & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zu: [24]	Country 25	Zip [29]	29 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent		L	10. Name and Address of New Registered Agent	
CTADU	CHADIEC H		81	Name		
STARK, CHARLES H 986 DOUGLAS AVE			82		viddress (P.O. Box Number is Not Acceptable)	
ALIAN	IONTE SPRINGS FL 32714		83			
			84	' '	FL 85 Zip Code	
or registere	d agent, or both, in the State of Flori i, and accept the obligations of, Sect Sparze species protest accordings account	ida Such change was authorization 607.0505, Florida Statutes	red by the corp s.	oration's b	rporation submits this statement for the purpose of changing its registered of coard of directors. I hereby accept the appointment as registered agent. I all contents the common state of the contents of the	n i
12	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FIFLE	SMITH, RICHARD L.	☐ DELETE	1 1 THE	,	BOARD CHAIRMAN Change Additi	an
NAM!	5700 E. COLONIAL DR		1.2 NAME		CMTMI DTOURDD	
STREET ADDRESS	ORLANDO FL		1.3 STREET	L PPRANCAL	SMITH. KICHARD	
CC+-S1 Z-2 TCE	STD				SMITH, RICHARD 5700 E. COLONTAL DR. ORLANDO FI.	
NAME			14007-9	SI - ZiP	5700 E. COLONIAL DR. ORLANDO, FJ.	00
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14. Too 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 line 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 charged, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/15/96 (401) 249-9981