

**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

*P07972*  
*ASB*

**DOCUMENT # P07972 (3)**

1. Corporation Name  
**ORLANDO BEELINE LAND CO., INC.**



Principal Place of Business Mailing Address  
**824 MARKET STREET, SUITE 900 WILMINGTON DE 19801**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **05/01/1995**  
4. FFI Number **51-0287935** 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

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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**

Signature typed or printed name (bring with original and file it in Block 12)

Block 12 or 13 or 14 (bring with original and file it in Block 12)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	AYRES, RUSSELL W. III	
STREET ADDRESS	1900 GRANT BUILDING	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHASE, MICHAEL	
STREET ADDRESS	450 NEWPORT CENTER DRIVE	
CITY-STATE-ZIP	NEWPORT BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CLARKE, DARLENE	
STREET ADDRESS	824 MARKET ST., STE 900	
CITY-STATE-ZIP	WILMINGTON DE	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BRACKEN, CHARLES H.(AT)	
STREET ADDRESS	1900 GRANT BLDG	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLAXTER, H. VAUGHAN, III	
STREET ADDRESS	1900 GRANT BUILDING	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	WAGNER, LAWRENCE, M	
STREET ADDRESS	1900 GRANT BLDG	
CITY-STATE-ZIP	PITTSBURGH PA	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>SENIOR VICE PRESIDENT</b>
7. STREET ADDRESS	<b>LARIO M. MARINI</b>
8. CITY-STATE-ZIP	<b>824 MARKET STREET, SUITE 900 WILMINGTON, DELAWARE 19801</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	

**100001770091**  
**-04/05/96--01006--022**  
**\*\*\*200.00**

**PRESIDENT, ASST. SECY. & ASST. TREASURER**

*ASB*  
*4-7-96*

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)(b), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Darlene Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VICE PRESIDENT & TREASURER**

**DARLENE CLARKE** 3/25/96 302/655-4294  
DATE FILING FEE #

CR2E034 (12/95)