

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07972 (3)

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



Principal Place of Business 824 MARKET STREET, SUITE 900 WILMINGTON DE 19801	Mailing Address 824 MARKET STREET, SUITE 900 WILMINGTON DE 19801-3087
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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

3. Date Incorporated or Qualified 11/04/1985	3a. Date of Last Report 04/04/1996
4. FEI Number 51-0287935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYRES, RUSSELL W III	1.2 NAME	
STREET ADDRESS	1900 GRANT BUILDING	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINI, LARIO M	2.2 NAME	
STREET ADDRESS	824 MARKET STREET SUITE 900	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, DARLENE	3.2 NAME	
STREET ADDRESS	824 MARKET ST., STE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKEN, CHARLES H	4.2 NAME	
STREET ADDRESS	1900 GRANT BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAXTER, H. VAUGHAN III	5.2 NAME	
STREET ADDRESS	1900 GRANT BUILDING	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LAWRENCE M	6.2 NAME	
STREET ADDRESS	1900 GRANT BLDG	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **DARLENE CLARKE** 1/16/97 (302) 655-4294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

D.G.
SISTERSON & CO. LLP

Certified Public Accountants

2101 Grant Building, Pittsburgh, PA 15219
(412) 281-2025 FAX (412) 338-4597

January 17, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

We enclose with this letter, 1997 Florida Profit Corporation Annual Report and a check for the following:

	<u>Federal I.D.#</u>	<u>Amount Due</u>
Orlando Beeline Land Co., Inc.	51-0287935	\$165.00

Please acknowledge receipt by stamping the duplicate copy of this letter and return it to us in the enclosed envelope.

Sincerely,

D.G. Sisterson & Co. LLP

D. G. SISTERSON & CO. LLP

TRW
Enclosures

