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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 133690

(8)

I.P.W. OF ORLANDO, INC.

Principal Place of Business Mailing Address 806 W. WASHINGTON STREET 806 W. WASHINGTON STREET P. O. BOX 3013 P. O. BOX 3013 ORLANDO FL. 32802-3013 OPLANDO FL. 32802 3. Date Incorporated or Qualified 3a. Date of Last Report 01/05/1937 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0865053 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23

Trust Fund Contribution Added to Fees 28 Zφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HITZING, E W **5433 BUFFALO AVE** Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32208 83 City Zip Code 85

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 it; juild or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1 1 TITLE TITLE NAME HITZING, A G 1.2 NAME 5433 BUFFALO AVE STREET ADDRESS 1.3 STREET ADDRESS JAX, FL 00000 1.4 CITY-ST-ZIP CITY-SE-76 DELETE Change Addition 2.1 TITLE TITLE SD DAVIS, SHAON 2.2 NAME NAME **5433 BUFFALO AVE** 2.3 STREET ADDRESS STREET ADDRESS JAX, FL 00000 2. 4 CITY - ST - ZIP CITY-ST-ZP DELETE 3.1 TITLE Addition TITLE TD DAVIS, RAYMOND NAME. 3.2 NAME **5433 BUFFALO AVE** STREET ADORESS 3.3 STREET ADDRESS JAX, FL 00000 3.4. CRY-ST-ZIP CITY - ST-ZIP DELETE Change Addition 41 TILE TITLE PD HITZING, EW NAME 4. 2 NAME **5433 BUFFALO AVE** 4.3 STREET ADDRESS STREET ADDRESS JAX, FL 00000 CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 T(T) F TITLE HITZING, MABLE W 5.2 NAME NAM? **5433 BUFFALO AVE** STREET ADDRESS 5.3 STREET ADDRESS JAX, FL 00000 CITY - ST - ZiP 5.4 CITY-ST-ZIP DELETE Change Addition TILLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - 71P 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 open attachment with an address

SIGNATURE.

FILED

Feb 18 1997 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable