FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAR -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 301862 (9)

1. Corporation Name
ORIOLE ENTERPRISES INC

Principal Place of Business	Mailing Address
1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445	1690 S CONGRESS AVE. STE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1966
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1112919 ☐ 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 Affliated

9. Name and Address of Current Registered Agent

HUBSHMAN,E E
1690 S CONGRESS AVE, STE 200
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	LEVY, R.D.	12 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, A.	22 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LEVY,HARRY A	32 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HUBSHMAN, E.E.	42 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARK A.	52 NAME	
STREET ADDRESS	1690 S CONGRESS AVE 200	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000
SIGNATURE AND TYPE OR PRINT NAME OF RICHARD OFFICER OR DIRECTOR Date Daytime Phone #

0207071 CP