## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 512742

(8)

Fì	ORIDA	RFAI	<b>ESTATE</b>	<b>COMPANY</b>	ΩF	ORL	ANDO
L	VIIIVA		LUINIL	OUNT AND	v		

Principal Place	of Business	Mailing Add						
	242, ORLANDO, FL 32854	P.O. BO	POST OFFICE BOX 547242 P.O. BOX 7242. ORLANDO. FL 32854 ORLANDO FL 32854					
ORLANDO FL 32803 US			US			Date Incorporated or Qualified     09/21/1976	3a. Date of La 07/28	st Report <b>//1995</b>
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	1	Applied For
21		26				59-1700661	<u> </u>	Not Applicable
Suite, Apt.	#, etc	27 Suite, A	lφt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & S	State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	5.00 May Be
23	<b>.</b>	28	J. C. C.			Trust Fund Contribution		dded to Fees
Zφ	Country	Zφ		Countr	у	8. This corporation has liability for	ntangible tax und	ers 199.032,
24	25	29		30			□No	
	9. Name and Address of Curre	nt Registered Ag	gent		-r	10. Name and Address of New F	egistered Agent	
				8	Name			
	NSEY, VIRGINIA L.			8:	Street Add	ress (P.O. Box Number is Not Acceptab	ilo)	
	EASTIN AVE			8	2			
ORLAN	NDO FL 32804			6	<b>'</b>			
				8	1 City		FL 85	Zip Code
44 Durawant	to the previous of Sections 607 050	12 and 607 1508	Frovida Statut	as the shown	named coroo	ration submits this statement for the pur		its registered office
or register	red agent, or both, in the State of Flor	rida. Such change	: was authoriz	red by the cor	poration's boa	ird of directors. Thereby accept the app	ointment as regist	ered agent. Lam
familiar wi	ith, and accept the obligations of, Sec	thon 607.0505 FR	onda Statutes	S.				
SIGNATURE	Sugar as it peace protect care; of registers that is	ntaulite dans abis	4N:	M: Registere LAg	er tisgnafare hegur:	ടി യൂടെ കോട്ടിച്ചും	CIATS	
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TITLE	PST	L.	DELETE	1.11111			Cha	nge 🔲 Addition
NAME	GUERNSEY, VIRGINIA L			1.2 NAMI	;			
STREET ADDRESS	1216 EASTIN AVENUE			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			1.4 CUTY	-SI - ZIP			
THILE	VD		] DELFTE	2 1 ไปเ			☐ Cha	inge 🔲 Addition
NAME	HUEY, ENDERS P			2.2 NAM				
STREET ADDRESS	1069 EDGEWATER DR			2 3 STHE	ET ADURESS			
C-TY - ST - ZiP	ORLANDO, FL 00000			2.4.0(1)				- D Additon
TITLE	D	-	]] DELETE	3 1 TITU	ì	,	☐ Cha	inge 🔲 Addition
NAME	GUERNSEY, JOSEPH WELL	BURN		3.2 NAM	i			
STREET ADDRESS	2070 ROYAL OAK COURT				ET ADDRESS			
CITY - ST - ZIP	ORLANDO FL		DELETE	3.4 CITY 4.1 TITL			Cha	ange 🔲 Addition
THILE		L		4 1 1112 4 2 NAM				ingo Lin yada dari
NAME STREET ADDRESS					ET ADOPESS			
					- \$T - ZIP			
CITY-ST-ZIF TITLE		Γ	DELETE	5 1 Tift			Ch.	ange 🔲 Addition
NAME				5.2 NAM	:			
STREET ADDRESS					FT ADDRESS			
CITY - \$1 - 7IP				5.4 CITY	-SE-7IP			
TITLE			DELETE	6 1 THE	E		☐ Ch.	ange Addition
NAME				62 NAM	£			
STREET ADORESS				6.3 STH	ET ADDRESS			
CITY - ST - ZIP				6.4 CITY	- ST - ZIP			
certify the oath, tha	at the information indicated on this an	mual report or sup poration or the rec	iplemental ani ceiver or trusti	nual report is ee en ipowere	true and accur	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	e same ledal effec	t as it made under -

SIGNATURE:

GONATURE AND TYPED OF PRINTED NAME OF FIGURES OF DIRECTOR

5-1-96 (407) 422-5854

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