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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 OCUMENT # 684913 Corporation Name

ORLANDO WEST, INC.

incipal Place of Business

Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90087 018 ***150.00

 $\equiv 500$ = :--

FILED



O BOX 9128 OH 44153-9128				P O BOX 9128 YOUNGSTOWN OH 44153-9128					DO NOT WRITE IN THIS SPACE				
			US					3.	Date Incorporated or Qualifed 08/20/1980				{
Principal Place of Business				2a. Mailing Address 26				4.	FEI Number 34-1318228	<del>, , , , , ,</del>	<u></u>	plied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	. Certifcate of Status Desired		\$8.75 / Fee Re	Additional	
City & State				City & State				6.	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	•	
Zip	25	Country Zip Cou						8. This corporation owes the current year Intangible Personal Property Tax.					
9. Name and Address of Current R				<del></del>				10.	10. Name and Address of New Registered Agent				
- <del></del>			110810			81	Name						
THE 1201	EM INC.	82 Street Addre			ddress (F	P.O. Box Number is Not Accepta	ble)						
SUITE 105 TALLAHASSEE FL 32301													
<b>,</b>	, 					84	City			FL	85 Zip		
office or re	egistered agent.	or both, in the State of	f Florid	07.1508, Florida Statutes. da. Such change was auth , Section 607.0505, Florid	iorized	by t	the corpor	orporatio ation's b	on submits this statement for the loard of directors. I hereby accep	ourpose of tithe appoi	changing its ntment as re	registered gistered	
IGNATURE			27. A 200"	ANOTE: B	-124 - 24	<del></del>	Talaniah sa da			DATE			ـ ا
2.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 3.13.						agradie ied		ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	ğ
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WE	THRAILKILL, LARRY			, ,	2.2 NAME							}	
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WE	DAVENPORT	ENPORT, LYNN E. 32NA			ME	1							
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ME		URPHY, JAMES F. 52 NA										{ }	
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T.E.				DELETE 6.1 TITLE 6.2 NAME			{				Change	Addition	
M/E					)		*******						
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TY-ST-ZIP				6.4 CT			-21P						1

1. I 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 copperation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-1-99

330-965-2095