

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726280 (1)
1. Corporation Name

SOROSIS OF ORLANDO, INC.

000001825170
-05/16/96--01100--022
***61.25

Principal Place of Business Mailing Address
501 E. Livingston St. 501 E. Livingston St.
Orlando, FL 32803-5616 Orlando, FL 32803-5616

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
4/27/1973-4/21/95	
4. FEI Number	Applied For
59-0540538	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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BROKAW, JUDY
1601 UTAH BLVD
ORLANDO FL 32803-2029

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROKAW, JUDY	
STREET ADDRESS	1601 UTAH BLVD	
CITY-ST-ZIP	ORLANDO FL 32803-2029	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JANE	
STREET ADDRESS	435 SUNRISE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	CLEARY, ARLEEN	
STREET ADDRESS	1901 AUGUSTS RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	LUTZ, MARGUERITE	
STREET ADDRESS	1730 WINDSOR DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIS, DOROTHEA	
STREET ADDRESS	1841 GLENCOE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789-6030	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, JULIA	
STREET ADDRESS	640 DUNRAVEL DR	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	ROACH, PAT
24 CITY-ST-ZIP	2153 PEBBLE BCH BLVD
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RSD
33 STREET ADDRESS	BARCO, SUSAN
34 CITY-ST-ZIP	2320 HUNTINGTON GREEN CT
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CSD
43 STREET ADDRESS	FRANK, JACKIE
44 CITY-ST-ZIP	632 SHERIDAN BLVD
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	VP
63 STREET ADDRESS	MIXNER, MARY
64 CITY-ST-ZIP	1032-A EAST MICHIGAN ST

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothea E. Willis

4/8/96

407-422-7572

Date

Daytime Phone #

CR2E037 (12/95)