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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90025 005 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 726280

1. Corporation Name

SOROSIS OF ORLANDO, INC.

Principal Place of Business
501 E LIVINGSTON ST
ORLANDO FL 32803-5616

Mailing Address
501 E LIVINGSTON ST
ORLANDO FL 32803-5616



| | | |
|--|------------------------|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 04/27/1973 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 59-0540538 |
| 24 Country | 29 Country | Applied For |
| | 30 | 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 |

9. Name and Address of Current Registered Agent

MOSS, JULIA
640 DUNRAVEN DR
WINTER PARK FL 32792

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | RSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERD, LINDA | 1.2 NAME | |
| STREET ADDRESS | 2015 SUMMERFIELD RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | 1.4 CITY-ST-ZIP | |
| TITLE | CSD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIDDENS, MIDGE | 2.2 NAME | |
| STREET ADDRESS | 1516 DOVE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32803 | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSS, JULIA | 3.2 NAME | |
| STREET ADDRESS | 640 DUNRAVEN DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIS, DOROTHEA | 4.2 NAME | |
| STREET ADDRESS | 1841 GLENCOE RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTZ, MARGUERINE | 5.2 NAME | |
| STREET ADDRESS | 1730 WINDSOR DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | 5.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RACEY, ELIZABETH | 6.2 NAME | |
| STREET ADDRESS | 710 E MICHIGAN ST, #41 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32806 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *Julia B. Moss* **REQUIRED**

February 16, 1999

407-422-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JULIA B. MOSS PRESIDENT

Date

Daytime Phone #

CR2E037 (1/1/98)