1-31-95 B-716 XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:15

DOCUMENT # 748092 (4)

1. Corporation Name
ALTAMONTE SPRINGS LORELEIS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
325 MONTICELLO DRIVE ALTAMONTE SPRINGS FL 32701-6211	325 MONTICELLO DRIVE ALTAMONTE SPRINGS FL 32701-6211

3. Date Incorporated or Qualified: 07/16/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2307356 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSE, MARY 325 MONTICELLO DRIVE ALTAMONTE SPRINGS FL 32701	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BOVICH, ROBIN	1.2 NAME	ELIZABETH BONNETT	
STREET ADDRESS	1104 KASPER DR	1.3 STREET ADDRESS	11123 PADDINGTON WAY	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, MARY	2.2 NAME		
STREET ADDRESS	325 MONTICELLO DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS FL	2.4 CITY-ST-ZIP	32701	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	FREULER, PETER	3.2 NAME		
STREET ADDRESS	1304 HIGHLAND CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	34744	
TITLE	S	4.1 TITLE	JOHN RAINIER	☑ Change ☐ Addition
NAME	BONNETT, ELIZABETH	4.2 NAME	6712 EDGEWORTH DR.	
STREET ADDRESS	11123 PADDINGTON WAY	4.3 STREET ADDRESS	ORLANDO, FL 32819	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	VP	☐ Change ☑ Addition
NAME		5.2 NAME	BRENDA HEVENOR	
STREET ADDRESS		5.3 STREET ADDRESS	1155 JOHN RIDGE CT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Mary Rose MARY ROSE 1/27/95 (407) 339-0380
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010400