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 # **766842** **(9)**

1. Corporation Name

4700 CONWAY BUILDING, INC.

Principal Place of Business	Mailing Address
C/O ANTHONY FRILINGOS 4755 S. CONWAY ROAD ORLANDO FL 32812	C/O ANTHONY FRILINGOS 4755 S. CONWAY ROAD ORLANDO FL 32812

3. Date Incorporated or Qualified: **02/04/1983**
3a. Date of Last Report: **03/23/1995**

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

4. FEI Number: **59-2676743** ☐ Applied For ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRILINGOS, ANTHONY
4755 S. CONWAY ROAD
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name: JAMES, DANIELS
82 Street Address (P.O. Box Number is Not Acceptable): 4759 S. CONWAY RD
83:
84 City: ORLANDO FL 85 Zip Code: 32812

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: _____ 2-29-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PMD FRILINGOS, ANTHONY 4755 S. CONWAY ROAD ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PMD DANIELS, JIM 4759 S. CONWAY RD ORLANDO 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CROSS, MARGARET 4763 S CONWAY RD, STE F ORLANDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S FRILINGOS, ANTHONY DR 4755 S. CONWAY RD "	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DANIELS, JIM 4759 S CONWAY RD ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD MANAGER/SALES DR "	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSS, FRANK 4763 S CONWAY RD, STE F ORLANDO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D TESSITORE, JOSEPH 4763 S CONWAY RD "	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TESSITORE, JOSEPH 4763 S CONWAY RD, STE F ORLANDO FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: X _____ 2-29-96 407-855-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #