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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00374

(1)

FIRST ORLANDO INVESTMENT GROUP. INC.

Principal Place of Business Mailing Address 5601 WINDHOVER DRIVE 5601 WINDHOVER DRIVE ORLANDO FL 32819-7914 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1980 05/01/1996 2. Principal Place of Business Mailing Address Applied For 21 59-2137750 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes X Yes ☐ No Zip Country 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARDER MICHAEL 100 CYPRES CREEK RD STE 700 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 84 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 Horida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam 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's gnature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELFTE ☐ Change Addition TITLE SIEGEL, DAVID NAME 1.2 NAME 5601 WINDHOVER DR STREET ADDRESS 13 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CHY-St-7IP DELETE ☐ Change Addition TITLE **VDS** 24 10110 SIEGEL, BETTIE NAME 2.2 NAME 5601 WINDHOVER DR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CHY- ST-7IP DELFTE Change Addition TITLE 3.1 1111.6 NAME 3.2 NAMI STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. Chty-S1-ZIP DELF1E Change Addition TITLE 4.1 11710 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change ____ Addition TITLE 5.1 10118 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - \$1 - 7)F DELFTE Change Addition TITLE 6.1 TITLE NAME 6.2 NAM8 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

information indicated on this annual repert of Lam an officer or director of the comoration appears in Block 12 or Block 13 if dianged,

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that n of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FILED

May 13 1997 8:00am

Secretary of State