

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F64890

1. Corporation Name

ORANGE RIDGE EAST INC.

Principal Place of Business

% LAURENCE J. ROHAN
6101 SW 76TH ST.
S. MIAMI FL 33143

Mailing Address

% LAURENCE J. ROHAN
6101 SW 76TH ST.
S. MIAMI FL 33143

2. Principal Place of Business

21 2171 NW 65 ST.
Suite, Apt. #, etc.

22 City & State
23 Miami FL

24 Zip Country
25 33142 Miami-Dade

2a. Mailing Address

26 4675 Ponce de Leon Blvd
Suite, Apt. #, etc.

27 Suite 302
28 Coral Gables FL

29 Zip Country
30 33146 Miami-Dade

9. Name and Address of Current Registered Agent

ROHAN, LAURENCE J., ESQ.
6101 SW 76TH STREET
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified

01/27/1982

4. FEI Number

59-2447742

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4675 Ponce De Leon Blvd

83

Suite 302

84 City

Coral Gables

FL

85 Zip Code

33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PDS
STREET ADDRESS WILLIAMS, JOHNNIE, JR.
CITY-ST-ZIP 2171 NW 65 ST.
MIAMI, FL 33142

TITLE ☐ DELETE
NAME T
STREET ADDRESS WILLIAMS, JOHNNIE, JR.
CITY-ST-ZIP 2171 NW 65 ST.
MIAMI, FL 33142

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99

Date

305-8368345

Daytime Phone #

CR2F034/11/99

0213394

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90013 012 ***300.00



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