

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F85389** (7)

1. Corporation Name

ORLANDO WORLD INDUSTRIES, INC.



Principal Place of Business

**1500 LEE RD #116
ORLANDO FL 32810**

Mailing Address

**1500 LEE RD #116
ORLANDO FL 32810**

2. Principal Place of Business

21 **725 NORTH MAGNOLIA AVE.**
Suite, Apt. #, etc.

22 City & State

23 **ORLANDO, FLORIDA**

24 Zip **32803** 25 Country **USA**

2a. Mailing Address

26 **725 NORTH MAGNOLIA AVE**
Suite, Apt. #, etc.

27 City & State

28 **ORLANDO, FLORIDA**

29 Zip **32803** 30 Country **USA**

3. Date Incorporated or Qualified

06/15/1982

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2198746

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

**STONE, STEPHEN,
725 N. MAGNOLIA AVENUE
ORLANDO FL 32803**

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 Section 607.06(2)(a) of 607, 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 607.06(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **VAN, ALFRED D.**
STREET ADDRESS **1500 LEE RD., #116**
CITY-STATE-ZIP **ORLANDO FL 32810**

TITLE **S** ☐ DELETE
NAME **VAN, EDWARD**
STREET ADDRESS **1500 LEE RD., #116**
CITY-STATE-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **725 NORTH MAGNOLIA AVE**

14 CITY-STATE-ZIP **ORLANDO, FL 32803**
15 TITLE ☒ Change ☐ Addition

16 NAME
17 STREET ADDRESS **725 NORTH MAGNOLIA AVE**

18 CITY-STATE-ZIP **ORLANDO, FL 32803**
19 TITLE ☐ Change ☐ Addition

20 NAME
21 STREET ADDRESS

22 CITY-STATE-ZIP
23 TITLE ☐ Change ☐ Addition

24 NAME
25 STREET ADDRESS

26 CITY-STATE-ZIP
27 TITLE ☐ Change ☐ Addition

28 NAME
29 STREET ADDRESS

30 CITY-STATE-ZIP
31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

34 CITY-STATE-ZIP
35 TITLE ☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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 or power of attorney to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an addition with an address.

SIGNATURE:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN M. STONE

3/13/96 (401) 923-7910

CR2E034 (12/95)