

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
JANUARY 1, 1996

APPROVED
AND
FILED

DOCUMENT # **F86518**

(0)

MAY - 1 / 15:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE ORLANDO FLEA MARKET, INC.

Principal Office Address

5022 SO. ORANGE BLOSSOM TR
2831 MARQUIS COURT
ORLANDO FL 32805
US

Alternate Address

2831 MARQUISE CT.
2831 MARQUIS COURT
ORLANDO FL 32805
US

DO NOT WRITE IN THIS SPACE

3. Date first organized or qualified

06/23/1982

3a. Date of Last Report

05/01/1994

4. FET Number

59-2201575

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

2. Principal Office Address

21

2a. Alternate Address

26

3. City, State & Zip

22

3a. City, State & Zip

27

4. City, State & Zip

23

4a. City, State & Zip

28

24

25

29

30

9. Name and Address of Current Registered Agent

ADAMS, CURTIS L.
2831 MARQUISE CT
ORLANDO FL 32805

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

SIGNATURE

Signature of the person authorized to file this report

Signature of the person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

NAME
STREET ADDRESS
CITY, STATE & ZIP

DP
ADAMS, CURTIS
2831 MARQUIS CT
ORLANDO FL
VS
ADAMS, MINNIE LEE
2831 MARQUIS CT
ORLANDO FL

NAME
STREET ADDRESS
CITY, STATE & ZIP

Change Add
Change Add
Change Add
Change Add
Change Add
Change Add
Change Add
Change Add
Change Add
Change Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information included in this annual report or supplemental annual report is true and correct to the best of my knowledge and belief. I am duly qualified to sign this statement and to file this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 1, or Block 1a, if changed, on an attachment with an address.

SIGNATURE:

Curtis Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(407) 493-5357