## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS -25-96 B 2632 -C DOCUMENT # 1. Corporation Name AMERITEK ORLANDO, INC. Principal Place of Business Mailing Address 151 SEMORAN COMMERCE PLACE 151 SEMORAN COMMERCE PLACE POB 160608. ALTAMONTE SPRGS. FL 32716-7608 POB 160608. ALTAMONTE SPRGS, FL 32716-7608 APOPKA FL 32703 APOPKA FL 32703 3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1982 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2202632 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired $\Box$ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country $Z_{ip}$ Country 8. This corporation has liability for intangible tax under si 199,032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUTES, LARRY 82 Street Address (P.O. Box Number is Not Acceptable) 151 SEMORAN COMMERCE PLACE APOPKA FL 32703 83 84 City Zio Code 85 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. 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 DATE (NOTE: Registered Agent signature required when reinstaine) (12/95)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1T(T) F Addition ر 🛫 Change W. NAME STUTES, LARRY STUTES LARRY 1.2 NAME **CR2E034** 151 SEMERAN COMMERCE PLACE 151 SEMORAN COMM, PLC. STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL APOPKA CITY-ST-7IP 1.4 CrTY - ST - ZIP TITLE DELETE 2.1 TITLE Change ★ Addition NAME CORREIA, LAWRENCE 2.2 NAME STUTES, LARRY D. STREET ADDRESS 151 SEMORAN COMMERCE PL 2.3 STREET ADDRESS 151 SEMIRAN COMMERCE APOPKA FL CITY-ST-ZIP APOLKA FL 2 4 CITY - ST - ZIF TITLE DELETE 3 1 TITLE ☐ Change Addition NAME STUTES, DOUGLAS 3.2 NAME STREET ADDRESS 151 SEMORAN COMMERCE PL 3.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 3.4 CITY-\$1-ZIP TITLE ☐ DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTy - ST - ZiP TITLE ☐ DELETE 5. 1 THILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 C+TY - ST - Z+P TITLE DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 CITY - ST - ZIP 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 cath; 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.

OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 886 3323

Date

SIGNATURE: