

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F92000000130 (6)**

1. Corporation Name  
**ORLANDO OFFICES, INC.**



Principal Place of Business: **1117 PERIMETER CENTER WEST, 5TH FLOOR EAST ATLANTA GA 30338**  
 Mailing Address: **1117 PERIMETER CENTER WEST, 5TH FLOOR EAST ATLANTA GA 30338-5417**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/06/1992	10/28/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				58-2090926	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, FRITZI M</b>	1.2 NAME	
STREET ADDRESS	<b>SIGN OF IVANHOE, SAWYER HILL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW MILFORD CT 06776</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, IVAN H</b>	2.2 NAME	
STREET ADDRESS	<b>SIGN OF IVANHOE, SAWYER HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW MILFORD CT 06776</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SHAW, HOWARD L</b>	3.2 NAME	
STREET ADDRESS	<b>1070 DAWNVIEW LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V WEINBLATT, BENNETT</b>	4.2 NAME	
STREET ADDRESS	<b>1117 PERIMETER CENTER WEST, 5TH FLOOR EAST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST SCOTT, DEBRA</b>	5.2 NAME	
STREET ADDRESS	<b>1117 PERIMETER CENTER WEST, 5TH FLOOR EAST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA 30338</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]* **BENNETT WEINBLATT** 4/29/97 776 392 8328

CR2E034 (9/96)