FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **F93000003566 (7)**

1. Corporation Name
LORIE, INC.

Principal Place of Business	Mailing Address
716 W. PINEWOOD COURT LAKE MARY FL 32746-5924	716 W. PINEWOOD COURT LAKE MARY FL 32746-5924

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1993**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21: 716 W. Colonial Dr.
22: Suite, Apt. #, etc
23: City & State: Orlando, FL.
24: Zip: 32804
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: **66-0435629** ☐ 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

LORIE, PELAYO R
4500 SILVER STAR ROAD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: Lorie, Pelayo R.
82 Street Address (P.O. Box Number is Not Acceptable): 716 W. Colonial Dr.
83:
84 City: Orlando FL 85 Zip Code: 32804

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: Pelayo R. Lorie (Signature, typed or printed name of registered agent and the date signed) NOTE: Registered Agent signature required when not attached. DATE: 3-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE	C/P/M/D	☒ Change ☐ Addition
NAME	LORIE, PELAYO R	12 NAME	} SAME	
STREET ADDRESS	716 W. PINEWOOD CT.	13 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL 32746	14 CITY ST ZIP		
TITLE	VCST	21 TITLE	V/C/S/T/M	☒ Change ☐ Addition
NAME	LORIE, ANA I	22 NAME	} SAME	
STREET ADDRESS	716 W. PINEWOOD CT.	23 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL 32746	24 CITY ST ZIP		
TITLE	DVP	31 TITLE	D/T/S/V	☒ Change ☐ Addition
NAME	LORIE, ORLANDO R	32 NAME	} SAME	
STREET ADDRESS	716 W. PINEWOOD CT.	33 STREET ADDRESS		
CITY ST ZIP	LAKE MARY FL 32746	34 CITY ST ZIP		
TITLE		41 TITLE	S/T/V	☐ Change ☒ Addition
NAME		42 NAME	MARIA E. VELASCO	
STREET ADDRESS		43 STREET ADDRESS	329-B CLEMSON ST	
CITY ST ZIP		44 CITY ST ZIP	UNIV. GARDENS, RIO PIEDRAS P.R. 00927	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: Ana Lorie **ANA I. LORIE** 3/23/95 407-324-4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046043 CP