


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

FILED

Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90029 018 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000006224</b>					
1. Corporation Name <b>CARGEX ORLANDO II PROPERTIES, INC.</b>					
Principal Place of Business <b>C/O CARGEX PROPERTIES 49 ATLANTIC PLACE SO. PORTLAND ME 04106</b>			Mailing Address <b>C/O CARGEX PROPERTIES 49 ATLANTIC PLACE SO. PORTLAND ME 04106</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/21/1995</b>	
21		26		4. FEI Number <b>01-0503241</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent	
Zip		Zip		10. Name and Address of New Registered Agent	
24		29		81 Name	
Country		Country		82 Street Address (P.O. Box Number is Not Acceptable)	
25		30		83	
				84 City	
				85 Zip Code	
				<b>FL</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		STREET ADDRESS		1.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		1.3 STREET ADDRESS	
CITY-ST-ZIP				1.4 CITY-ST-ZIP	
TITLE		NAME		2.1 TITLE	
NAME		STREET ADDRESS		2.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE	
NAME		STREET ADDRESS		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE	
NAME		STREET ADDRESS		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE	
NAME		STREET ADDRESS		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	
NAME		STREET ADDRESS		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

14. I 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; or on an attachment with an address, with all other like empowered.

**SIGNATURE** Richard M. Roderick **REQUIRED** 1-8-99 2077735868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #