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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000003149 (9)

1. Corporation Name
ORLONDON/AVALON, INC.



Principal Place of Business
**%DRUCKER & FALK
 7200 STONEHENGE DR #211
 RALEIGH NC 27613**

Mailing Address
**%DRUCKER & FALK
 7200 STONEHENGE DR #211
 RALEIGH NC 27613-1620**

3. Date Incorporated or Qualified 06/21/1996	3a. Date of Last Report
4. FEI Number 56-1978243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**HUNTER, DANIEL M
 243 W PARK AVE #101
 WINTER PARK FL 32769**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	FALK, DAVID C SR	
STREET ADDRESS	7200 STONEHENGE DR #211	
CITY - ST - ZIP	RALEIGH NC 27613	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MUNICK, JOHN	
STREET ADDRESS	7200 STONEHENGE DR #211	
CITY - ST - ZIP	RALEIGH NC 27613	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STOVALL, BOBBY	
STREET ADDRESS	7200 STONEHENGE DR #211	
CITY - ST - ZIP	RALEIGH NC 27613	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MUNICK, JOHN	
STREET ADDRESS	9286 WARWICK BLVD	
CITY - ST - ZIP	NEWPORT NEWS VA 23607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUNICK, JOHN, JR	
1.3 STREET ADDRESS	9286 WARWICK BLVD.	
1.4 CITY - ST - ZIP	NEWPORT NEWS, VA 23607	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MUNICK, JOHN, JR	
2.3 STREET ADDRESS	9286 WARWICK BLVD	
2.4 CITY - ST - ZIP	NEWPORT NEWS, VA 23607	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/14/97 DAYTIME PHONE: 757-245-1841

CR2E034 (9/96)