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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600003149 (9)

ORLANDON/AVALON, INC.

STREET ADDRESS

SIGNATURE:

FILED Feb 11 1998 8:00am Secretary of State

Principal Place	o of European	Advitues Advisore			I FOULDO TITO FOTO DIXAL OUTLI OUTLI FOTO	el arioo tiide libit arker leel look
Principal Place of Business Mailing Address **DRUCKER & FALK **DRUCKER & FALK 7200 STONEHENGE DR #211 7200 STONEHENGE DR #211						
RALEIGH NC 27613		RALEIGH NC 27613			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
					06/21/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		+ 1			56-1978243	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
		27	tu 9 Chale			Fee Required
h		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z ip	Country	28 Zip	Count	nv		
24 25		29	30		This corporation owes or has paid the Personal Property Tax due June 30.	Pes No
	9. Name and Address of Curren		1301		10. Name and Address of New Registe	
HU	NTER, DANIEL M		8	1 Name		
243 W PARK AVE #101			8	Stroot Ac	ddress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789			•	alleel Au	duless (F.O. Box Noriber is Not Acceptable)	
]			В	3		
			8	4 City		as Zip Code
],		FL
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Stat	ules, the abo	ve-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
agent la	egistered ageni, or both, tri the state im familiar with land accept the obligi	ਰਾ Fronda Such change was ਜ਼ਾਹਮਤ ਹੀ, Section 607.0505, F	s authorized i Torida Statut	oy ine corpo os.	ration's board of directors, I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typod or protect turns of respective Lag-	and the second second second second		gont signature rec		ATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	DCPT Falk, David C Sr	DELETE	1.1 TITLE	ľ		Change Addition
NAME	TARA OTANELIENOE DO MALA		1 2 NAMI			
STREET ADDRESS	RALEIGH NC 27613	ľ		T ADDRESS		
CITY-ST-ZIP	S	T DELETE	1.4 CITY			Change Addition
NAME	MUNICK, JOHN J		21 IIILE 22 NAMI	1	John A. Munick, Jr.	134 Custide T Volucion
STREET ADDRESS	9286 WARWICK BLVD			T ADDRESS	3.944 H. Alkuick, 34.	
CITY-ST-ZIP	NEWPORT NEWS VA		2.4 DITY			23407
TITLE	S	DELETE	3.1 TITLE			Change Addition
NAME	STOVALL, BOBBY		3.2 NAME			
STREET ADDRESS	7200 STONEHENGE DR #211		1	T ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27613		34. CITY			
TITLE	VP	DELETE	4 1 TITLE	<u> </u>		Change Addition
NAME]	MUNICK, JOHN J		4 2 NAM	Ε ,	John A. Munick, Jr.	
STREET ADDRESS	9286 WARWICK BLVD		4.3 STRE	T ADDRESS		
CITY-ST-ZiP	NEWPORT NEWS VA		4 4 CITY	ST-ZIP		23407
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	1 ADORESS		
CITY-ST-ZIP			54 CITY-	ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	İ		

6.3 STREET ADDRESS

Jan 12, 1998

14. Thereby 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 amount 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 component on the receiver or two levels or two levels are the same legal effect as if made under oath; that I am an officer or director of the component on the receiver or two levels or two levels in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, and an altrightment with an additional content of the receiver of two levels of two le