

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90212 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000004637**

1. Corporation Name  
**O/E FLORIDA OF ORLANDO, INC.**



Principal Place of Business 3290 W BIG BEAVER TROY MI 48084	Mailing Address 3290 W BIG BEAVER TROY MI 48084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 612 E. Colonial Drive Suite 350 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	27 City & State 28
24 Zip 32803-4650 Country 25 USA	29 Zip Country 30

3. Date incorporated or Qualified 09/04/1997	Applied For Not Applicable
4. FEI Number 38-3335260	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 <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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEDZIOR, STEVEN R	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	IAQUINTO, ANTHONY	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEWHARD, JAMES A	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VLASIC, RICHARD R	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUELL, MICHAEL G	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VLASIC, PAUL A	
STREET ADDRESS	3290 W BIG BEAVER	
CITY-ST-ZIP	TROY MI 48084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Mark A. Erichsen* SIGNATURE REQUIRED *4/28/99* (248) 643-6987  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)