

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F98816 (4)
 1. Corporation Name
THE ORLANDO PLAZA HOTEL CORPORATION



Principal Place of Business Mailing Address
1817 CRANE RIDGE DR.
P. O. BOX 16807 (39236)
JACKSON MS 39216-4902

3. Date Incorporated or Qualified **09/09/1982** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **1000 Red Fern Place** 26 **P.O. Box 16807**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **64-0670751** Applied For Not Applicable

22 **Flowood MS** 27 **Jackson MS**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **39208** 24 **Rankin** 28 **39236-6807** 29 **Rankin**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **Rankin** 25 **Rankin** 29 **Rankin** 30 **Rankin**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NORRIS, JOHN E.
201 N. MARION STREET-SUITE301
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	1.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	1.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	DC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P	2.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	2.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	EVS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P.	3.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR	3.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	4.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	4.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	5.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	5.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE: **Earle F. Jones** President **2/24/97** **601/936-3666 XT 128**

CR2E034 (9/96)