FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



	RPORATION IUAL REPORT	Sandra Secret	ARTMENT OF STATE B Mortham tary of State CORPORATIONS		
1. Corporation		524 (4)			
GHEG	ig J. Ormond, P.A.) (6.8(3)) (6.0 (3)) (6.00) (6.00) (6.10)	YIT BARK BARIK GEBIY BIRNI BIRNI BARK BARIK GERU SARK
Principal Plac	e of Business	Mailing Address			
330 ALHAM		330 ALHAMBRA CIR CORAL GABLES FL 33 US	134	Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Place of Business	100 Martin Addison		11/22/1983	05/01/1995
21	caphicing of	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.		59-2340864	Not Applicable \$8.75 Additional
Crty & State	10	27		5. Certificate of Status Desired	Fee Required
23	Country	City & State 28 Zip	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30 Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,s
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New I	
ORMON	ID, GREGG J		81 Name		
	HAMBRA CIR		82 Street Add	oress (P.O. Box Number is Not Acceptat	ole)
_	GABLES FL 33134		83		
			84 City		
11. Pursuant t	to the provisions of Sections 607 file	00 - 460 1500 15-14-66	1-1 - 7	······································	FL 85 Zip Code
or register familiar wil	red agent, or both, in the State of Fix th, and accept the obligations of Sc	02 and 607.1508, Honda Statuter orida. Such change was authorize	s, the above named corpo id by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its registered office
SIGNATURE					on them as registered agent, I am
12.	Signature, typed or pricted size, of registerior ag	perforative trappolation (Page	Fifting throat April suprature require		DATE
TITLE	STP OFFICERS A	AND DIRECTORS - DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	ORMOND, GREGG J.	· Increte	1 THLE 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	330 ALHAMBRA CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		14 CITY-SI-ZIP		
TITLE	D	1 DELFTE	2 1 T:TLE		Change Addition
NAME	ORMOND, GREGG J.		2.2 NAME		
STREET ADDRESS	330 ALHAMBRA CIR		2.3 STHEET ADDRESS		
CITY - S1 - ZIP TITLE	CORAL GABLES, CL				
	,	- ntiste	2.4 CITY ST-7IP		
NAME		☐ DELETE	3 1 TITLE		Change Addition
		☐ DELETE	3 1 TITLE 3 2 NAME		Change Addition
NAME		☐ DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE	3 1 TITLE 3 2 NAME		
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CITY-ST-ZIP

14. If do hereby certify that the information supported with this fring is volumently furnished and does not quarty for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supply neutral annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed at on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGG J. ORMOND Prosided

(305) 446-5500

CR2E034 (12/95)

Daytonin Phone N