FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # BERARD OF ORLANDO, INC. Principal Place of Business Mailing Address * RICHARD M. WILLIAMS % RICHARD M. WILLIAMS 1690 W. BARTON STREET 1690 W. BARTON STREET LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1984 02/13/1995 2. Principal Place of Business 2a. Mailing Address 4. Eft Number Applied For 21 26 59-2411712 Not Applicable Surte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 \Box 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, RICHARD M. 82 Street Address (P.O. Box Number is Not Acceptable) 1690 W. BARTON STREET LONGWOOD FL 32751 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 a state of the purpose of Section 607.0505, Poinda Statutes. 12 OFFICERS AND DIRECTORS ADD'TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Title DELETE 1.1 TITLE Change Addition WILLIAMS, RICHARD M. NAME 1.2 NAME STREET ADDRESS 1690 W. BARTON ST. 1.3 STHEET ADDRESS CITY-S1-ZIP LONGWOOD FL 1.4 CITY - S1 - ZIP TITLE D₽ DELETE 2 1 TITLE Change Addition WILLIAMS, ELIZABETH A. 2.2 NAME 1690 W. BARTON ST. STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY - ST-ZIP 24 CITY - ST ZIP TITLE DELETE 3 * BILE Change Addit on WILLIAMS, RICHARD M., JR 3.2 NAME 1719 E. MARKS ST. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL C+TY-ST-ZIP 34 GITY-ST-ZIP THILE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.17006 Change Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ASIDRESS CITY - ST-ZIP 5.4 CITY - S! - 7-P TITLE DELETE € 1 TFTLF Change 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 is valuntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 octure to the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

on an attachment with an address

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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

(12/95)

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