SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12:05

DOCUMENT # **H03117** **(9)**

1. Corporation Name
ORANGE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
4800 N A1A STE 3 VERO BEACH FL 32963	4800 N A1A STE 3 VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1984
3a. Date of Last Report: 08/05/1994

4. FEI Number: 59-2410478 ☐ Applied For ☐ Not Applicable

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

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

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

2. Principal Place of Business	2a. Mailing Address
21 3106 EAGLE DRIVE	26 P.O. BOX 4271
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Vero Beach FL	28 City & State: VERO BEACH FL
24 Zip: 32963 25 Country: INDIAN RIVER	29 Zip: 32964 30 Country: INDIAN RIVER

9. Name and Address of Current Registered Agent

CORSORO, GLORIA
4800 N A1A STE 3
VERO BEACH FL 32963

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

61 Name: CORSORO GLORIA
62 Street Address (P.O. Box Number is Not Acceptable): 3106 EAGLE DRIVE
63
64 City: Vero Beach **FL** 65 Zip Code: 32963

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE	DPST	☒ Change ☐ Addition
NAME	CORSORO, GLORIA	12 NAME	CORSORO GLORIA	
STREET ADDRESS	4800 N A1A #214	13 STREET ADDRESS	3106 EAGLE DRIVE	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	CORSORO, JOSEPH D.	22 NAME	CORSORO JOSEPH D	
STREET ADDRESS	4800 N A1A #214	23 STREET ADDRESS	3106 EAGLE DRIVE	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gloria Corsoro 6/15/95 407-234-8352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016576 CP