

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 27 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H69540** (3)
1. Corporation Name
ORDEVCO HOTEL CORPORATION

Principal Place of Business Mailing Address
2900 PKWY BLVD STERLING BLUFF
PO BOX 670 PO BOX 2049
KISSIMEE FL 32741 RICHMOND HILL GA 31324
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1985
3a. Date of Last Report 06/10/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 58-1672578 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, MICHAEL
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CULBERTSON, DOOLEY E
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA 31324
TITLE	DVS
NAME	SRIKANTHAN, KETHESPARAN
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA 31324
TITLE	T
NAME	KETHESPARAN, SRIKANTHAN
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA
TITLE	VP
NAME	KINDL, SIEGBERT
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA 31324
TITLE	CFOS
NAME	LUIS, ARTHUR
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA
TITLE	AS
NAME	SASSER, JO A
STREET ADDRESS	STERLING BLUFF
CITY - ST - ZIP	RICHMOND HILL GA

1.1 TITLE	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PO	<input checked="" 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	V, Asst. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional) Phone #