

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H69540** (3)

1. Corporation Name
ORDEVCO HOTEL CORPORATION



Principal Place of Business: **2900 PKWY BLVD
PO BOX 670
KISSIMMEE FL 32741
US**

Mailing Address: **STERLING BLUFF
PO BOX 2049
RICHMOND HILL GA 31324
US**

3. Date Incorporated or Qualified: **08/05/1985**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **58-1672578**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. 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

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: *K. Srikanthan* DATE: *4/7/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SRIKANTHAN, KETHESPARAN	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: STERLING BLUFF	CITY, STATE, ZIP: RICHMOND HILL GA	2. NAME	
TITLE: T	NAME: KETHESPARAN, SRIKANTHAN	3. STREET ADDRESS: STERLING BLUFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: STERLING BLUFF	CITY, STATE, ZIP: RICHMOND HILL GA	4. CITY, STATE, ZIP: RICHMOND HILL, GA	
TITLE: VAS	NAME: KINDL, SIEGBERT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: STERLING BLUFF	CITY, STATE, ZIP: RICHMOND HILL GA	6. NAME	
TITLE: S	NAME: SASSER, JO A	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: STERLING BLUFF	CITY, STATE, ZIP: RICHMOND HILL GA	8. CITY, STATE, ZIP	
TITLE: <input type="checkbox"/> DELETE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP:		12. CITY, STATE, ZIP	
TITLE: <input type="checkbox"/> DELETE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP:		16. CITY, STATE, 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 119.07(3)(k), Florida Statutes. I further certify 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: *K. Srikanthan* DATE: *4/7/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **K. SRIKANTHAN**

CR2E034 (12/95)