

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H69540** (3)
1. Corporation Name
ORDEVCO HOTEL CORPORATION

Principal Place of Business 2800 PKWY BLVD PO BOX 670 KISSIMMEE FL 34741 US	Mailing Address STERLING BLUFF PO BOX 2049 RICHMOND HILL GA 31324-2049 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1985	3a. Date of Last Report 02/14/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 58-1672578	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

8. Name and Address of Current Registered Agent RYAN, MICHAEL 215 NORTH EOLA DRIVE ORLANDO FL 32802		9. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	86 Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SRIKANTHAN, KETHESPARAN	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STERLING BLUFF	RICHMOND HILL GA	2.1 TITLE	2.2 NAME
STERLING BLUFF	RICHMOND HILL GA	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
T	KETHESPARAN, SRIKANTHAN	3.1 TITLE	3.2 NAME
STERLING BLUFF	RICHMOND HILL GA	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
VAS	KINDL, SIEGBERT	4.1 TITLE	4.2 NAME
STERLING BLUFF	RICHMOND HILL GA	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
S	SASSER, JO A	5.1 TITLE	5.2 NAME
STERLING BLUFF	RICHMOND HILL GA	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

912/756-8528

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