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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H70534

(3)

ORION ASSOCIATES INTERNATIONAL, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 176# CORAL WAY N. 1769 CORAL WAY N. VERO BEACH, A FL 32963 VERO BEACH.A FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1985 2. Principal Place of Business 2s. Mailing Address Applied For 1760 CORAL WAY N. 1760 CORAL WAY N. 26 59-2566843 Not Applicable Suite Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired VERO Beac Fee Required City & State City & State \$5.00 May Bo 6. Election Campaign Financing Vero Beacl Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 32963 45 Personal Properly 1ax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BURKE, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 1768 CORAL WAY NORTH 82 VERO BEACH FL 32963 83 84 City Zip Code 85 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition **PSD** 1.1 TITLE TITLE BURKE, THOMAS J. NAME 1.2 NAME 1765 CORAL WAY NORTH STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change ☐ Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2.4 CITY - ST - ZIP DELETE Addition Change TOTLE 3.1 10119 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TIME 4.1 11111 NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P) DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE .. Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CłTY - \$1 - ZIP

14. I 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 trustey impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 it chapter to compare the corporation of the corporati officer or director or the dorporal Block 12 or Block 13 if changed on an attachment with address

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