


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90002 022 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H84164</b> 1. Corporation Name <b>ORCHID LAKE INVESTMENTS, INC.</b>					
Principal Place of Business 6709 RIDGE ROAD STE 200 PORT RICHEY FL 34668 US			Mailing Address 6709 RIDGE ROAD STE 200 PORT RICHEY FL 34668 US		
2. Principal Place of Business 21 2739 U.S. HWY 19 Suite, Apt. #, etc. 22 SUITE 201 City & State 23 HOLIDAY FL Zip Country 24 34691 25 USA		2a. Mailing Address 26 P.O. Box 2108 Suite, Apt. #, etc. 27 City & State 28 EL PERS FL Zip Country 29 34680-2108 30 USA		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1985 4. FEI Number 59-2633849 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NORTON, DAVID 8709 RIDGE RD #200 PT RICHEY FL 33568			10. Name and Address of New Registered Agent 81 Name JOHN E. HUDSON 82 Street Address (P.O. Box Number is Not Acceptable) 2739 U.S. HWY 19 83 SUITE 201 84 City HOLIDAY FL 85 Zip Code 34691		
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 except 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 reappointing)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JOHN E. 6709 RIDGE RD #200 PT RICHEY FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2739 U.S. HWY 19, SUITE 201 HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINIERI, CARL 29858 US 19 N #100 CLEARWATER FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVA, SUSAN 6709 RIDGE RD #200 PT RICHEY FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2739 U.S. HWY 19, SUITE 201 HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, SUSAN 6709 RIDGE ROAD #200 PORT RICHEY FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	2739 U.S. HWY 19, SUITE 201 HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (727) 943-0138  
 Date Daytime Phone #

CR2E034 (1/98)