

2-4-97 B-1290 C

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H88044

(3)

1. Corporation Name  
ORA SANCAS, INC.Principal Place of Business  
330 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176  
USMailing Address  
330 RIVERSIDE DRIVE  
ORMOND BEACH FL 32176-8102  
US3. Date Incorporated or Qualified  
12/04/19853a. Date of Last Report  
03/05/19964. FEI Number  
59-2613439Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, ORALIA  
330 RIVERSIDE DRIVE  
ORMOND BCH. FL 32176

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME  
PD  
LOWE, ORALIA  
330 RIVERSIDE DRIVE  
ORMOND BCH. FL

1.2 NAME

STREET ADDRESS

1.2 STREET ADDRESS

CITY - ST - ZIP

1.3 CITY - ST - ZIP

2.1 TITLE ☐ DELETE2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.2 STREET ADDRESS

CITY - ST - ZIP

2.3 CITY - ST - ZIP

3.1 TITLE ☐ DELETE3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.2 STREET ADDRESS

CITY - ST - ZIP

3.3 CITY - ST - ZIP

4.1 TITLE ☐ DELETE4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.2 STREET ADDRESS

CITY - ST - ZIP

4.3 CITY - ST - ZIP

5.1 TITLE ☐ DELETE5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.2 STREET ADDRESS

CITY - ST - ZIP

5.3 CITY - ST - ZIP

6.1 TITLE ☐ DELETE6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.2 STREET ADDRESS

CITY - ST - ZIP

6.3 CITY - ST - ZIP

7.1 TITLE ☐ DELETE7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.2 STREET ADDRESS

CITY - ST - ZIP

7.3 CITY - ST - ZIP

8.1 TITLE ☐ DELETE8.1 TITLE ☐ Change ☐ Addition

NAME

8.2 NAME

STREET ADDRESS

8.2 STREET ADDRESS

CITY - ST - ZIP

8.3 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: *Oralia Lowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-97 704-672-5320

CR2E034 (9/96)

FILED  
Feb 04 1997 8:00am  
Secretary of State