


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H91833 (4)		
1. Corporation Name ORLANDO CASTLE MGPC, INC.		

Principal Place of Business 5863 AMERICAN WAY ORLANDO FL 32819 US	Mailing Address 5895 WINDWARD PKWY. STE. 220 ALPHARETTA GA 30202-4182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1985	
21		26	717 N. Harwood Suite 1050	4. FEI Number 59-1746623	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State Dallas TX		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29	75201	30	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERAU, SCOTT L	1.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERAU, JULIE	2.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	2.4 CITY-ST-ZIP	
TITLE	GFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, RICHARD	3.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY, STE 220	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, ANN C	4.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BETTY	5.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	5.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, ROBERT	6.2 NAME	
STREET ADDRESS	5895 WINDWARD PKWY, STE 220	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ann Travis* NATURAL REQUIRED

1/12/98

770-442-6640

CR2E034 (10/97)