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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

H98143

(1)

THE ORLANDO CONSULTING GROUP, INC.

**FILED** Mar 03 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			i teatari dun andı tötün iltik alada filk atsu sın	ial mimil mimil mimil mimil mimil
% JOSEPH A. LATHROP % JOSEPH A. LATHROP 1201 S. ORLANDO AVE SUITE 350 1201 S. ORLANDO AVE WINTER PARK FL 32789 WINTER PARK FL 32789		SUITE 350		DO NOT WRITE IN THIS	S SPACE
	,			3. Date Incorporated or Qualified	
				02/07/1986	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26	<del> </del>		59-2693203	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip			8. This corporation owes or has paid the co	urrent year Intangible
24 25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
g, Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registered	d Agent
lathrop, Joseph A.		8.	Name		
1201 S. ORLANDO AVE., SUITE S	350	8	Street Add	ress (P.O. Box Number is Not Acceptable)	
, WINTER PARK FL 32789		B	1		
	1	B4	City	FI	85 Zip Code
11. Pursuant to the provisions of System 60 of office or registered agent, with the stagent. I am familia with the stagent of	502 and 607.1508, Florida Statute ate of Florida, \$45), change was a ligations of \$45) on 607.0505, Flo	es, the about authorized b irida Statute	ve-named corp by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE Signals Stated or Fund Gapet Conjustered	agent and title if applicable (NOTE	: Registered Ag	gent signature requi	ited when reinstating) DATE	
12. OFFICERS A		13.	.,,	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE PC	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME LATHROP, JOSEPH A.	1	1.2 NAME			
STREET ADDRESS 1201 S ORLANDO AVE #35	i0	1.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-	ST-2IP		
TITLE VST	DELETE	2.1 TITLE			☐ Change ☐ Addition C
NAME CURTIS, JOHN R.		2.2 NAME			
STREET ADDRESS 1201 S ORLANDO AVE #35	50	2.3 STREE	T ADDRESS		
CITY-ST-ZIP WINTER PARK FL		2. 4 CITY	ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-\$T-ZIP		4.4 CITY-	ST-ZIP		
TITLE	☐ DELET <b>E</b>	5.1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		5.4 CITY-	ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	1		☐ Change ☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREE	T ADDRESS		
City-St-ZiP		6.4 City-	ST-ZIP		

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the record Block 12 or Block 13 if changer, or or applied to the g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in