FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J13421

1. Corporatio		1 (9)					
ORAN	ge ventures, inc.						
Principal Place	e of Business	Mailing Address					A BIBN BIBN FIRM HOLD
1342 E. VINE ST Suite 207 Kissimmee Fl 34744		1342 E. VINE ST SUITE 207 KISSIMMEE FL 34744		Date Incorporated or Qualified	3a. Date of L	ast Report	
					05/05/1986		l/1995
Principal Place of Business		2a. Maiing Address		4. FEI Number	Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			54-1468728		Not Applicable
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	1 1	8.75 Additional Fee Required
Oity & State 23	e 	City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes	ntangible tax und	
	9. Name and Address of Currer	nt Registered Agent		7	10. Name and Address of New R	egistered Ager	it
CORPO	RATION SERVICE COMPANY		81				
1201 H/	AYS STREET		82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
	ASSEE FL 32301-2525						
			84	City		·	1 - 2
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida, Such change was pulled and the state of Florida.						FL 85	
	to the provisions of Sections 507.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect		s, the above- d by the corp	named corp ioration's be	oration submits this statement for the purporation directors. Thereby accept the appo	oose of changing intrnent as regis	gits registered office tered agent. I am
SIGNATURE	Signature: hypeid to printed more of registerist agont						
12.	OFFICERS AN		t Bigidered Age ■ 13.	d regressive respe	ADDITIONS/CHANGES TO OFFIC	CERS AND DIDE	ECTORS IN 10
TITLE	ST	□ DELETE 1.1				□ Cha	
NAME			1.2 NAME				
STREET ADDRESS			1 3 STREET	ADDRESS			
CITY - ST - ZIP TITLE			1.4 CITY - 5	I - ZIP			
NAME	<u> </u>		2 1 TUTLE			☐ Cha	ange 🔲 Addition
STREET ADDRESS	424 MADEAULEE DO		2.2 NAME				
CITY-ST-ZIP	VECALLEG IV		23 \$ THEFT				
TITLE			24 C TY - S 3 1 T TLE	1 - ZiP		☐ Cha	inge 🔲 Add tion
NAME	FERGUESON, JEAN	32 NA					ige Aad iidii
STREET ADDRESS	342 HURLEY AVE	33 S		ADDRESS			
CITY - ST - ZIP	LONDON KY 344		3.4 CiTY - S	1 - ZIP			
TITLE	□ DELETE 4.1		4 1 TiffLE			Cha	inge Addition
NAME			4.2 NAME	-			
STREET ADDRESS			4.3.5TREST	ADDRESS			
CITY - ST - ZIP			4.4.C(T) - S	I - ZI#			
TITLE NAME		□ DELENE 5 IN			90000192	·84E	nge 🔲 Addition
STREET ADDRESS			5.2 NAME		90000182 -05/20/96010	26035	•
CITY-ST-ZIP			5 3 STREET		***200.00		1
TITLE			5.4 CH V · S 6.1 II LE	I ZIP			- FT 4-425
NAME		_J occur	6.2 NAME			☐ Cha	age L Addition
STREET ADDRESS			€ 3 STREET	Afanrese			7.50
CITY-ST-ZIP			6.4 CITY-SI				フ
	certify that the information supplied w	ith this films is voluntaria, fuscial	ned and dage	1 000 00 000	for the same state of the same state of		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119 07(3)(k). 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 er Block. 13 if changed, or on an attachment with an address.

CAMPLE:

CAMPLE

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SIGNATURE: 4

CR2E034 (12/95)