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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55203

1. Corporation Name

ORRS MILLS ENTERPRISES LIMITED, INC., SOUTHERN DIVISION

	.•										<u> </u>
Principal Place of Business Mailing Address							7	i imalitim ment melat mesta tente ma	J VB (111 B1B17 (.1811 61811 6161	,
4925 GLENN DRIVE 4925 GLENN DRIVE											
NEW PORT RIC	HEY FL 34652	NEW PORT RICHEY FL 34652				DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed			
								01/29/1987			
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number		A	Applied For
		26					<u>59-2769819</u>		١	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certifcate of Status Desired		7	Additional
22		27						OSITIOSIS OF CIRCUS DUSINGS		Fee F	Required
~City & Stat	e ·		City & State					Election Campaign Financing			May Be
23	·	28	28				-	Trust Fund Contribution			d to Fees
Zip Country			Zip Cou				8. This corporation owes the current		ent year Ini	tangible XYes	□No
24	25	29		30	1			Personal Property Tax. Name and Address of New I	 Panietarad		
	9. Name and Address of Curre	nt Regist	ered Agent		81	Name	10.	Maine alto Address of New I	<u>registereu</u>	∠Aeıır	
MOR	IIZZO, NICHOLAS L.								_		
4925 GLENN DRIVE						Street Addr	ess (P.O. Box Number is Not Acceptable)				
	PORT RICHEY FL 34652				83						
- 1									_		
					84	City			FL	85 Zip	o Code
11 Pursuant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statu	tes, the a	bove	l e-named corp	oration	submits this statement for the	purpose of	changing i	ts registered
office or r	egistered agent or both in the State	of Florid	a. Such change was a	authorized	1 bv	the corporation	on's bo	ard of directors. I hereby acce	ot the appo	intment as	registered
	m familiar with, and accept the oblig	ations of,	Section 607.0000, Fit	JIIUA SIAI	uics	•					{
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	applicable. (NOT)	E: Registered	! Agen	nt signature require	d when re	einstating)	DATE		
12.	OFFICERS A	_		13.			-	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 ∏	TLE				_	☐ Change	e 🗌 Addition
NAME	MORRIZZO, NICHOLAS L.			1.2 N	AME						ſ
STREET ADDRESS	4925 GLENN DR.			1.3 5	REET	TADDRESS					,
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 C	ITY-S	T-ZIP			_		
TMLE	D		☐ DELETE	2.1 TI	TLE					Change	e 🗀 Addition
NAME	MORRIZZO, BERNICE			2.2 N	AME						
STREET ADDRESS	4925 GLENN DR.			2.3 5	TREET	T ADDRESS					ļ
CITY-ST-ZIP	NEW PORT RICHEY FL	<u> </u>		2.40	πy-s	ST-ZIP _					
TITLE		_	☐ DEFELE	3.1 1	ΠE					Change	e 🗀 Addition
NAME				3.2 N	AME						
STREET ADDRESS				3.3 \$	TREET	TADDRESS					
CITY-ST-ZIP				_		ST-ZIP					- Maddi
TITLE			☐ DELETE	4.1 11						Change	e 🗌 Addition
NAME				4.21							II.
STREET ADDRESS				4.3 \$	TREET	T ADDRESS					
CITY-\$T-ZIP	·		- DELETE	_	ITY-S	T-ZIP			_	Change	e
TITLE			☐ DELETE	5.1 17							#Audition
NAME				5.2 N		T 4 D D D T C C					
STREET ADDRESS						TADORESS					
CITY-ST-ZIP		_	☐ DELETE	5.4 C	ITY-S	1-211				☐ Change	e
TITLE				6.2 N							
NAME						TADDESS					
STREET ADDRESS	1			6.35	INCE	TADDRESS					

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 an analyzehpent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 Date / 95 845-4558 Daytime Phone # 3R2E034 (11/98)