

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J56326 (8)**

1. Corporation Name  
**ORION INVESTMENT PROPERTIES, INC.**



Principal Place of Business <b>407 WEKIVA SPGS RD STE 213 LONGWOOD FL 32779-6996</b>	Mailing Address <b>407 WEKIVA SPGS RD STE 213 LONGWOOD FL 32779-6100</b>
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2. Principal Place of Business 21 <b>1516 E. LIVINGSTON ST.</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>SAME AS #2</b> Suite, Apt #, etc.	3. Date Incorporated or Qualified <b>02/11/1987</b>	3a. Date of Last Report <b>02/26/1996</b>
22. City & State 23 <b>ORLANDO, FLORIDA</b>	27. City & State 28 <b>ORLANDO, FLORIDA</b>	4. FEI Number <b>59-2785905</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip <b>32803</b>	25. Country <b>ORANGE</b>	29. Zip 30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KANTOR, HAL H. ESQ. 215 N. EOLA DR. ORLANDO FL 32802</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MALONEY, MICHAEL J</b>		1.2 NAME <b>MICHAEL J. MALONEY</b>	
STREET ADDRESS <b>407 WEKIVA SPGS STE 213</b>		1.3 STREET ADDRESS <b>1516 E. LIVINGSTON STREET</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		1.4 CITY-ST-ZIP <b>ORLANDO, FLORIDA 32803</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>MARGARET MALONEY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS <b>6600 E. Telephone Rd. #1004</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>VENTURA, CA 93003</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Michael J. Maloney* Prox. **4-29-97 (407) 895-8844**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)