

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

**APPROVED  
AND  
FILED**

05 MAY - 1 11 0:37

REC'D STATE CLERK  
TALLAHASSEE FL USA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SEAN P. MURPHY  
GOVERNOR  
TALLAHASSEE, FLORIDA

DOCUMENT # **J59946** (0)  
ORLYCO, INC.

Principal Office Address: **456 GLENBROOK DR. ATLANTIS FL 33462**  
Mailing Address: **456 GLENBROOK DR ATLANTIS FL 33462**

2. Filing Date (Month/Day/Year)	2a. Mailing Address	4. Filer Number	Applied For
21. 03/04/1987	26. 456 GLENBROOK DR ATLANTIS FL 33462	59-2778013	Not Applicable
22. State Agent Name	27. State Agent Address	5. Cumulative of Status Changes	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Signature	25. Title	29. Signature	30. Title

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BUDOFF, AMY L 456 GLENBROOK DR. ATLANTIS FL 33462</b>		B1. Name	
		B2. Street Address (P.O. Box Number - Not Applicable)	
		B3. City & State	
		B4. City, State, Zip Code	FL

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)
1. NAME: <b>D BUDOFF, AMY L</b> 2. STREET ADDRESS: <b>456 GLENBROOK DR. ATLANTIS FL 33462</b> 3. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: 5. STREET ADDRESS: 6. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: 8. STREET ADDRESS: 9. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: 11. STREET ADDRESS: 12. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: 14. STREET ADDRESS: 15. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: 17. STREET ADDRESS: 18. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME: 20. STREET ADDRESS: 21. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *[Signature]* 1-15-95 407 434 9810  
 SIGNATURE AND TITLE OR POSITION (NAME OF SIGNING OFFICER OR DIRECTOR)