

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **J61000 (2)**

1. Corporation Name
CITY LITES OF ORLANDO, INC.



Principal Place of Business: **6606 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810 US**
Mailing Address: **P.O. BOX 606651 ORLANDO FL 32860 US**

3. Date Incorporated or Qualified: **03/06/1987**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2780711**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**BLACK, ROBINNE YVONNE
6606 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810**

10. Name and Address of New Registered Agent
B1 Name: **DON WAYNE BOWLEY**
B2 Street Address (P.O. Box Number is Not Acceptable): **6606 NORTH ORANGE BLOSSOM TRAIL**
B3
B4 City: **ORLANDO** FL 85 Zip Code: **32810**

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: **DON WAYNE BOWLEY** (Signature, typed or printed name of registered agent and title if applicable)
Don Wayne Bowley (NOTE: Registered Agent signature required when reinstating)
Date: **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK-MILHAM, ROBINNE Y	
STREET ADDRESS	6357 BROOKHILL CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOWLEY, DON WAYNE	
STREET ADDRESS	5500 CAVRUS CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOWLEY, DON WAYNE	
2.3 STREET ADDRESS	5500 CAVRUS CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32808	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DON W BOWLEY** (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Don W Bowley Date: **4/8/96** Daytime Phone #: **407-291-9629 (3-5pm)**
407-872-5435

CR2E034 (12/95)