

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

Mailing Address

6606 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810  
US

P.O. BOX 609651  
ORLANDO FL 32860  
US

3. Date Incorporated or Qualified  
03/06/1987

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2780711

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, ROBINNE YVONNE  
6606 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810

81 Name DON WAYNE BOWLEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
6606 NORTH ORANGE BLOSSOM TRAIL  
83  
84 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)

4/8/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLACK-MILHAM, ROBINNE Y  
STREET ADDRESS 6357 BROOKHILL CIR  
CITY-ST-ZIP ORLANDO FL  
☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VP  
NAME BOWLEY, DON WAYNE  
STREET ADDRESS 5500 CAVRUS CT  
CITY-ST-ZIP ORLANDO FL  
☐ DELETE

2.1 TITLE PRESIDENT  
2.2 NAME BOWLEY, DON WAYNE  
2.3 STREET ADDRESS 5500 CAVRUS CT  
2.4 CITY-ST-ZIP ORLANDO, FL 32808  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

CR2E034 (12/95)