PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **J72448**

1. Corporation Name

ORLAND	O TILE CORPORATION	•				
Principal Place	e of Business	Mailing Address			ITOTA OLOTA OLOTA OLOTA DI	BII BIBII IBDI
7208 ALOMA A\		7208 ALOMA AVENUE				
SUITE 500	ACHOL	SUITE 500	•			
WINTER PARK FL 32792-4134		WINTER PARK FL 32792-4134		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				05/11/1987	 	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	 	olied For
457	72 Palmetto Ave	26 4572 Palme	<u>tto Ave </u>	59-3006384		Applicable
Suite, Apt	#, etc	-Suite, Apt.,#, etc.	شاحم در از درو	5. Certificate of Status Desired	- \$8.75 A	
	R551)	27 (SR551)				
City & State	e	City & State Winter Par	ь г г.	6. Election Campaign Financing	\$5.00 (
	ter Park, FL	20		Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	8. This corporation owes the current ye		⊠No
24 327		29 32792 30	USA	Personal Property Tax. 10. Name and Address of New Registe		20140
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Haille alto Address of New Kegist	area Agent	**
VINA	IS, ISRAEL A.					
	ALOMA AVENUE			ddress (P.O. Box Number is Not Acceptable)		
SUITE 500		83 4572	Palmetto Ave			
	TER PARK FL 32792		°° (SR5	51)		
775171	IEN FAIR LE 32/32	<i>a</i>	84 City		85 Zip C	
		//	<u> Wint</u>	er Park,	FL 32	792
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes.	, the above-named c torized by the corpor	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its i appointment as reg	gistered
Office Of 1	egistered agent, or both, in the blace	16				
agent. I a	m familiar with, and accept the oblig	tions of, Section 607.0505, Florid	a Statutes.	つしっ		
agent. I at SIGNATURE	/	1 / W		316	U/99	
SIGNATURE	Signature, typed or printed name of registered age	ern and title if applicable. (NOTE: Re	egistered Agent signature rec	uired when reinstating) DA	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	en and title if applicable. (NOTE: Re	gistered Agent signature rec	316	S AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ern and title if applicable. (NOTE: Re	gistered Agent signature rec 13. 1.1 TITLE	uired when reinstating) DA	<u> </u>	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PST VINAS, ISRAEL A.	en and title if applicable. (NOTE: Re	gistered Agent signature rec 13. 1.1 TITLE 1.2 NAME	uired when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
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14. I hereby certify that the information supplied with this filing does not dualify 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <u>Israella Niñas</u>

3/26/99

407-679-8453

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90067 013 ***150.00