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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # J89739 (3)

1. Corporation Name
ORLANDO MGPC, INC.

000001517330
-06/20/95--01047--025
***1200.00 ****200.00

Principal Place of Business	Mailing Address
5901 AMERICAN WAY P.O. BOX 7973 ORLANDO FL 32819 US	7301 TOPANGA CYN. BLVD., #300 P.O. BOX 7973 CANOGA PARK CA 91303-0270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1753829	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	

2. Principal Place of Business	2a. Mailing Address
21	26 5895 WINDWARD PARKWAY
22 Suite, Apt. #, etc.	27 SUITE 220
23 City & State	28 ALPHARETTA, GA
24 Zip / 25 Country	29 30202-4182 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PD ☒ Change ☐ Add/Del
NAME	DININO, WILLAIM R	1.2 NAME	L SCOTT DEMERAU
STREET ADDRESS	7301 TOPANGA CANYON #300	1.3 STREET ADDRESS	5895 WINDWARD PKWY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	1.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	P	2.1 TITLE	VD ☒ Change ☐ Add/Del
NAME	POWELL, GREG	2.2 NAME	JULIA E DEMERAU
STREET ADDRESS	5901 AMERICAN WAY	2.3 STREET ADDRESS	5895 WINDWARD PKWY, SUITE 220
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	D	3.1 TITLE	VT ☒ Change ☐ Add/Del
NAME	YOUNG, IRA	3.2 NAME	JOHN P HEGMAN
STREET ADDRESS	7301 TOPANGA CANYON #300	3.3 STREET ADDRESS	5895 WINDWARD PKWY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	3.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	D	4.1 TITLE	VS ☒ Change ☐ Add/Del
NAME	WARR, BILLY	4.2 NAME	BETTY M HENDERSON
STREET ADDRESS	7301 TOPANGA CANYON #300	4.3 STREET ADDRESS	5895 WINDWARD PKWY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	4.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		5.1 TITLE	M ☐ Change ☒ Add/Del
NAME		5.2 NAME	ANN C TRAVIS
STREET ADDRESS		5.3 STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		6.1 TITLE	M ☐ Change ☒ Add/Del
NAME		6.2 NAME	DENNIS C GILBERT
STREET ADDRESS		6.3 STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182

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)(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: Ann C Travis 6/1/95 404-442-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REMITTED BY MAIL