FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JAN 30 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89739** **(3)**

1. Corporation Name
ORLANDO MGPC, INC.

Principal Place of Business
5901 AMERICAN WAY
P.O. BOX 7973
ORLANDO FL 32819
US

Mailing Address
5895 WINDWARD PKWY. STE. 220
ALPHARETTA GA 30202-8805

3. Date Incorporated or Qualified: **08/28/1987**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: C.T. Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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: John J. Masters, Asst. Sec. 1/21/97
(Signature of a member of the firm or agent, if applicable) (CTC Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DEMERAU, L. SCOTT	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VD	☐ DELETE
NAME	DEMERAU, JULIA E.	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VM	☑ DELETE
NAME	WATERS, GREG	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE	VT	☐ DELETE
NAME	TRAVIS, ANN C.	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☐ Change ☑ Addition
1.2 NAME	Robert Whitman	
1.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
1.4 CITY-ST-ZIP	Alpharetta, GA 30202	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700002074097--6	
2.3 STREET ADDRESS	-01/30/97--01086--009	
2.4 CITY-ST-ZIP	****165.00 ****165.00	
3.1 TITLE	CFO	☐ Change ☐ Addition
3.2 NAME	Richard Fitzpatrick	
3.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
3.4 CITY-ST-ZIP	Alpharetta, GA 30202	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	MWB	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 Travis — Ann Travis — 1/30/97 — 770-442-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013336