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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI	MENT # <b>J946</b>	683 (6)				
UNIT	DISTRIBUTION OF ORLA	NDO, INC.				
Principal Place of Business Mailing Address				I CODISTA ONTO CONTO BUTO BUILD	JBISON DIIN AYANI OLOUK ONDIN OYONI AYANI OLAUK 1880	
1200		1301 RIVERPLACE I JACKSONVILLE FL				
US	TILLE TE GEOGR	US		3. Date Incorporated or Qualified 09/25/1987	3s. Date of Last Report 05/01/1995	
· · · · · · · · · · · · · · · · · ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
		26	·	59-2846281	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State	<del>}_</del> 1 *		S5.00 May Be Added to Fees	
Ζ <sub>(β)</sub> <b>24</b> ]	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent	
711F B			81 Nar	ne		
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET SUITE 105			83			
TALLAHASSEE FL 32301						
			84 City		85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above named	i corporation submits this statement for the pun's board of directors. I hereby accept the app	urpose of changing its registered office	
familiar wit	h, and accept the obligations of, Se	ction 607.0505, Florida Statutes	ed by the corporation :	n s board of directors. I hereby accept the app	pointment as registered agent. I am	
SIGNATURE _						
12.	Signature, Typical or printee name of registers Lage OFFICERS A	ort and the if applicable (NC ND DIRECTORS	TE Registered Agent signafu	re required when reinstating)  ADDITIONIS/CHANIGES TO DE	DATE FICERS AND DIRECTORS IN 12	
Till.E	DV\$	DELETE	1. 1 3/TLE	ADDITIONS/OFFANGES TO OFF	Change Addition	
NAM:	MOORE, DANIEL D		1.2 NAME		_ ,	
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET ADDRES	s 1301 Riverplace Blud.	Ste. 1900	
CITY SI-79	JACKSONVILLE FL		1.4 CHY-ST-ZIP	<u></u>		
11111	DP	☐ DELFTE	2 1 TITLE		Change Addition	
NAM:	NICOSIA, JOSEPH A	ALUMAN ALA	2 2 NAME			
STREET ADDRESS	1301 RIVERPLACE BLVD	SUITE 1200	23 STREET ADDRES	SS	•	
City-S1-ZiP	JACKSONVILLE FL	DELETE	2 4 CITY-ST-ZIP			
NAMI	DUNN, E. PAUL JR	<u>ר</u> שטנול ונ	3 1 TITLE	Brian A Vaccasi	Change Addition	
STHEET ADDRESS	500 W MONROE		3.2 NAME 3.3 STREET ADDRE:	Brian A. Kenney 550 West Monrae		
CITY ST ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	"Chicago Il 601a	ا	
Title	AS	DELETE	4. 1 7/TLE	12 12 Octo	Change Addition	
NAME	LEVIN, JOHN D		4.2 NAME		C Asserted C velocities	
STREET ADDRESS	500 W MONROE		4.3 STREET ADORES	s		
CITY+S1+ZIF	CHICAGO IL		4.4 CITY-ST-ZIP		_	
THLE	D	☐ DELETE	5 1 TITLE		Change Addition	
NAME	GARDNER, MICHAEL J		5.2 NAME	1	21	
STREET ADDRESS	500 W MONROE		5.3 STREET ADDRES	S 1301 Riverplace Blud. S Jacksonville, FL &	ote 1600	
CITY - ST - ZIP	CHICAGO IL	DELETE	5.4 CITY - ST - ZIP	Jacksonville, FL 3	1850.I	
NAME	at Brandt, sandra k	T] percie	6 1 TITLE		Change Addition	
STREET ADDRESS	500 W MONROE		6 2 NAME	c		
City-St-ZiP	CHICAGO IL		6 3 STREET ADDRES	,		
		with this filing is voluntarily furni	64 CITY - ST-ZIP	ruality for the exemption stated in Section 110	07(0)(1) [1-1-6]	

continuely certify that the information supplied with this filing is voluntarily furnished and does not cualify 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 attagiment with an address.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR

1/20/910

(904) 3942517