FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # K6

WEST ORANGE PROPERTIES, INC.

K62681

(

FILED Jan 30 1998 8:00am Secretary of State



,						-	JURU RURUK APR	(- 1 1 1 1 1 1 1 1 1 1 1	811 3 1811 1821
Principal Place of Business Mailing Address									
	ILL FARMS RD.	801 MARSHALL FARMS RD.							
OCOEE FL 34761-0000		OCOEE FL 34761-0000							
						DO NOT WRIT	·	SPACE	
						3. Date Incorporated or Qualified 01/30/1989	l .		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			_
21		⊢				59-2923415			pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				08-2820410			lot Applicable
22		27				5. Certificate of Status Desired			Additional Required
City & State		City & State				6 Floation Committee Financia			<u> </u>
23		28				Election Campaign Financing Trust Fund Contribution	[7]	,	May Be I to Fees
Zip Country		Zip Country				8. This corporation owes or has p			
24	25	29	30	•		Personal Property Tax due Jun			Rangibie □ No
	9. Name and Address of Current	Registered Agent	11			10. Name and Address of New R			
RA	JLEY III, LILBURN R		81	Nam	ne				
25	5 SOUTH ORANGE AVENUE		82	Civo	at Addis	on (D.O. Barrish Marketin National)	-1-1-1		
	ITE 801		102	Sire	et Addre	ss (P.O. Box Number is Not Accepta	ibie)		
OF	ILANDO FL 32801		83	1					
			ا	0.4				T	
			84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-nam	ed corpo	ration submits this statement for the	DUIT DOOG O	f changing i	its registered
agent. I a	registered agent, or both, in the State of the fine of the country of the obligation of the obligations are stated as the country of the obligations are stated as the country of the obligations are stated as the country of the coun	of Florida. Such change was ions of, Section 607,0505, Fl	authorized b Iorida Statute	y the c s.	orporatio	in's board of directors. I hereby acce	ept the app	ointment as	registered
SIGNATURE									
O/GITATIONE	Signature, typed or printed name of registered agent		IE: Registered Ag	ont signat	ture required	f when reinstating)	DATE		
12.	OFFICERS AND	 	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PSID	☐ DELETE	1.1 TITLE					Change	Addition
NAME	JOHNSON, THOMAS M.		1.2 NAME						
STREET ADDRESS	801 Marshall Farms Rd. Ocoee Fl		1.3 STREE	T ADDRES	s				
CITY-ST-ZIP	OCOEE FL		1.4 CITY -	S1-ZIP					
TITLE		DELETE	2.1 TITLE					L. Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			23 STREE	ADDRES	s				
CITY-ST-ZIP			2 4 CITY-	ST - ZIP					
TITLE		∟ DELET e	3.1 TITLE					Change	Addition Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRES	s				
CITY-ST-ZIP		Tariera	3.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		1			L Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	S				
CITY-ST-ZIP		T priess	4.4 CITY - S	T-ZIP					
TITLE		☐ DELETE	5.1 101LE					L Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	s				
CITY-ST-ZIP		No. or or	5.4 CITY - S	1- ZIP	1				
TITLE		☐ DELET é	6.1 FITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS	s				
CITY OT 210					ī				j,

14. I 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 13 if changed, or on an attachment with an address.