


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K62681 (7)</b> 1. Corporation Name <b>WEST ORANGE PROPERTIES, INC.</b>			
Principal Place of Business <b>801 MARSHALL FARMS RD. OCOE FL 34761-0000</b>		Mailing Address <b>801 MARSHALL FARMS RD. OCOE FL 34761-0000</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>01/30/1989</b>		4. FEI Number <b>59-2923415</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>RAILEY III, LILBURN R 255 SOUTH ORANGE AVENUE SUITE 801 ORLANDO FL 32801</b>	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME <b>PSTD JOHNSON, THOMAS M.</b> STREET ADDRESS <b>801 MARSHALL FARMS RD.</b> CITY-ST-ZIP <b>OCOE FL</b>		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)