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



MENT OF STATE Mortham of State PORATIONS

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTI Sandra B Secretary DIVISION OF CO		
DOCUMENT # 1. Corporation Name	L04605	(6)		
THE ORLANDO MA	C CONSULTING GR	OUP, INC.		
Principal Place of Business	Ma	Mailing Address		
1000 N. MAGNOLIA STE-ST ORLANDO FL 32803	ļ	P.O. BOX 677478 Orlando Fl 32867 US		

Principal Place  1000 N MA  STE. FC  ORLANDO F	ONOUA	Mailing Address P.O. BOX 677478 ORLANDO FL 32867 US			
		00		3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	ace of Business	2a. Mailing Address	<del></del>	07/24/1989 4. FEI Number	04/21/1995
1 226	WEBER ST.	26		59-2967307	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 ORL	ANDO, +L	28		Trust Fund Contribution	Added to Fees
4 328	803 25 Country	Zip <b>29</b>	Country	8. This corporation has liability or i	
4 38 6	9. Name and Address of Currer		30	Florida Statutes Yes  10. Name and Address of New R	No
1900 N STE (**	RD, ADLER MAGNOLIA C. DO FL 32803		81 Name SE 82 Street Addr 83	ERHARD ASLE ess (P.O. Box Number is Not Acceptable 6 WEBER ST	FL 85 Zp Code 32 80 3
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 607.0502 red agent, or both in the State of Flori th, and accept the obligations of Sec	2 and 607.1508, Florida Statutes da, Such change was authorized	the above-named corpor	ation submits this statement for the pur	pose of changing its registered office
SIGNATURE	Signature typed or lightlad name of registered agent	t and little if applicable (NOTE	EHARD AQUED  Registered Agent signature required	d when reinstating)	1 30 96
SIGNATURE _	Signature typed or kinted teme of regionaled agent OFFICERS AN	t and little if applicable NOTE	EHARD ADLE)  Registered Agent signature required  13.	L	DETE OF THE COMMENT O
SIGNATURE _ I <b>12.</b> IILE	Signature tycke or kents a seme of restaured agent OFFICERS AN	t and little if applicable (NOTE	EHARD AOLE)  Registered Agent signature required  13.  1.1 TITLE	d when reinstating)	1 30 96
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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 conforation of 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 chapted 15 on in altachment with an address.

SIGNATURE:

GERHARD ADLER