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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

L31806

ORION REAL	ECTATE	2 DEVE	ODMENT	COMBANY

Principal Place of Business Mailing Address % STEVEN M. DILL % STEVEN M. DILL 744 HIGHLAND AVE 744 HIGHLAND AVE ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3000920 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Orty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Ζıρ Country  $Z_{10}$ 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 Florida Statutes ☐ Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DILL, STEVEN M. 82 Street Address (P.O. Box Number is Not Acceptable) 744 HIGHLAND AVE 83 ORLANDO FL 32803 R4 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or profed pane of registered age and the day like anζιΑΤξ if out Englishmed Agent's greature required when reconstruction OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE n 1 1 TIME ☐ Change Addition DILL, STEVEN M. NAME 1.2 NAME 744 HIGHLAND AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CHTY - ST - ZIP 14 OTY - ST. Z.P. VP Rouhier, Craig 744 Highland Ave. DELETE TITLE 2 1 TiTLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Orlando, FL 32803 CITY - ST - ZIP 2.4 C(TY - \$T - Z(F) DELETE TITLE 3 1 TiTLE NAME 3.2 NAME Stalvey, Elizabeth STREET ADDRESS 3.3 STREET ADDRESS 744 Highland Ave Orlando, FL 32803 Change CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE 4 1 TIFLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE TITLE 5 1 THILE Change Add tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 Title Change ☐ Addition 6.2 NAME

SIGNATURE:

I do hereby certify that the information supplied certify that the information indicated on this and

oath, that I am an officer or director of trie con appears in Block 12 or Block 13 if changes

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPE

attachment with an address.

a re

6.3 STREET ADDRESS

s filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further

ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under For the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

6.4 CHY+S1-ZIP

Steven M.D.11, Pres 4-2.96 407-648-8541

CR2E034 (12/95)