

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L33665 (5)

1. Corporation Name

T.L. DEVELOPMENT, INC. OF ORLANDO



Principal Place of Business

Mailing Address

3165 MCCRORY PLACE
SUITE 151
ORLANDO FL 32803

3165 MCCRORY PLACE
SUITE 151
ORLANDO FL 32803

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3191 Maguire Blvd.

26 3191 Maguire Blvd.

4. FEI Number

59-2979002

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Suite 155

27 Suite 155

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Orlando, FL

28 Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32803

25 USA

29 32803

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBIN, HOWARD
3165 MCCRORY PLACE, #151
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3191 Maguire Blvd., Suite 155

83

84 City
Orlando

FL

85 Zip Code
32803

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SOBIN, HOWARD
425 DEERWOOD AVENUE
ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
NICOLETTI, DANIEL R.
1837 WRIGHT DRIVE
DAYTONA BEACH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
COCHRAN, JAMES
1900 SUMMIT TOWER BLVD
MAITLAND FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Sobin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 1996 (407) 898-7577

DATE

DAYTIME PHONE

CR2E034 (3/96)