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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

~~3191 MAQUINE BLVD~~
~~SUITE 155~~
~~ORLANDO FL 32803~~
US

~~3191 MAQUINE BLVD~~
~~SUITE 155~~
~~ORLANDO FL 32803-3723~~
US

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

06/21/1996

2. Principal Place of Business

21 3203 Lawton Road

2a. Mailing Address

26 3203 Lawton Road

Suite, Apt. #, etc.

22 Suite 170

Suite, Apt. #, etc.

27 Suite 170

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32803

Country

25 US

Zip

29 32803-2935

Country

30 US

4. FEI Number

59-2979002

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

~~3191 MAQUINE BLVD~~
ORLANDO FL 32803

81 Name

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

3203 Lawton Road

83 Suite 170

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	DELETE
DP	SOBIN, HOWARD	425 DEERWOOD AVENUE	ORLANDO FL	<input type="checkbox"/>
DST	NICOLETTI, DANIEL R.	1837 WRIGHT DRIVE	DAYTONA BEACH FL	<input type="checkbox"/>
VD	COCHRAN, JAMES	1900 SUMMIT TOWER BLVD	MAITLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 (407) 898-7577

Date

Daytime Phone

CR2E034 (9/96)