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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85687

(6)

FD OF ORLANDO, INC.

Mar	10	1998	8:00am
Se	cret	ary o	f State

FILED



Principal Plac	e of Business	Mailing Address		
	CARUSO / LOOK AVE/P O BOX 568367	% JAMES P. CARUSO—Y 240 199 W PINELOCK AVE/P ORLANDO FL 32856-8367	O BOX 568367	DO NOT WRITE IN THIS SPACE
	2000	VIID 11 12000		3. Date incorporated or Qualified
				07/09/1990
2. Principal P	lace of Business	2a. Mailing Address	1 1 0	4. FEI Number Applied For
21		26 Q60 W. PM	eloch Ave	59-3030781 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	T68367	Certificate of Status Desired Section Section Section Sectio
City & Stat	ө	City & State		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zιρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ant Registered Agent		10. Name and Address of New Registered Agent
C/	ARUSO, JAMES P.		81 Name	
	IO WEST PINELOCH AVENUE RLANDO FL 32806		82 Street A	ddress (P.O. Box Number is Not Acceptable)
0	ADMIDO FE S2000		83	J VV \$31-1-11 K-100-1-11V C-
			84 City	FL 85 Zip Code /
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	egistered agent, or both, in the statement in the statement in familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.	ration's board of directors. Thereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change ☐ Addition
NAME	CARUSO, JAMES P.		1.2 NAME	
\$TREET ADDRESS	W PINELOCH AVE.		1.3 STREET ADDRESS	260 W. Pigelock Ave
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	orlando, FC 32806-6133
TITLE	ST	☐ DELETE	2.1 TITLE	Change
NAME	CARUSO, PHYLIS		2.2 NAME	
STREET ADDRESS	W 100-W PINELOCH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY+ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	51
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		M ocieze	5.4 CITY-ST-ZIP	Chessa I Iddition
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	to One the 140 O7/OVE Florida Chat day I deather and the that the information

14. I 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.

Dille Pilanes