PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPAR Sandra E	RTMENT Of 3 Mortham ry of State	STATE				
DOCUMENT # L97760 (7) 1. Corporation Name							
ORLANDO TECHCENTER, INC.				h në dhishi dir letih (bër). (bekë Silili	AAN EIRN CHIN	ALAII AISIA BIA	IL GATU ITOE
Principal Place of Business	Mailing Address 250 AUSTRAILIAN AVE	so.					
250 AUSTRAILIAN AVE SO. SUITE 500	SUITE 500 WEST PALM BEACH FL						
WEST PALM BEACH FL 39401 US	US	33401		3. Date Incorporated or Qualified 09/04/1990	1	of Last Rep /10/1995	I .
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			plied For
·	26			65-0215603		1	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	A)	\$8.75 / Fee Re	
City & State	City & State			6. Election Campaign Financing		\$5.00	<u> </u>
	28			Trust Fund Contribution		Added	
Zip Country	Zip	Cour	ntry	8. This corporation has liability for Florida Statutes	intangible tax s ∷∏No	cunders 1	99.032.
24 25 9. Name and Address of Current R	29 Agent	30]		10. Name and Address of New		gent	
100 CHOPIN PLAZA MIAMI FL 33131 11. Pursuant to the provisions of Sections 607.0502 ar or registered agent, or both, in the State of Florida. familiar with, and accept the obligations of, Section		es, the abor	84 City ve-named corpo orporation's boa	ration submits this statement for the pard of directors. Thereby accept the ap	FL urpose of cha pointment as	ocincute re	Code gistered office igent. I am
SIGNATURE Synature byped or preced name of registered agricultural							
12. OFFICERS AND E	ita i Lappicatio (NO	Tt. Reg vered	Agind signature require	ed wher randahing)	DATE		
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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 | further certify that the information indicated on this angual 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 officeration or true televier 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:

4-12-96 300-411-4518
Outstree Priority