

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L97760

(7)

1. Corporation Name

ORLANDO TECHCENTER, INC.



Principal Place of Business

250 AUSTRALIAN AVE SO.
SUITE 500
WEST PALM BEACH FL 33401
US

Mailing Address

250 AUSTRALIAN AVE SO.
SUITE 500
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
09/04/1990

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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 on this application

(NOTE: Registered Agent's Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	REIBETANZ, SUSAN	C/O 250 AUSTRALIAN AVE. SO. SUITE 500	WEST PALM BEACH FL	<input type="checkbox"/>
DVP	ACKERMANS, GERHARD	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500	W PALM BCH FL	<input type="checkbox"/>
PST	REIBETANZ, SUSAN	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500	W PALM BCH FL	<input type="checkbox"/>
VP	ULRICH, HAHN	C/O 250 AUSTRALIAN AVENUE SOUTH SUITE 500	W PALM BCH FL	<input type="checkbox"/>
VP	REIBLING, GUENTHER	1400 E. NEWPORT CENTER DR. 209	DEERFIELD BEACH FL	<input type="checkbox"/>
AS	KASSOF, LINDA	1400 E. NEWPORT CENTER DR.	DEERFIELD BEACH FL	<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"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

305-421-8588

CR2E034 (12/95)