

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90021 010 \*\*\*150.00

DOCUMENT # M01932

1. Corporation Name

ARDC-OCALA 201, INC.

Principal Place of Business

1375 BUENA VISTA DR  
4 FLR N  
LK BUENA VISTA FL 32830  
US

Mailing Address

500 S BUENA VISTA ST  
BURBANK CA 91521-0586  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1984

4. FEI Number

59-2437110

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 owes the current year intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

WALKER, H. WILLIAM  
4750 SE FINANCIAL CENTER  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131-2352

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LITVACK, SANFORD M.	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input type="checkbox"/>
PD	GREEN, JUDSON C	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input type="checkbox"/>
SD	REED, MARSHA L.	500 S. BUENA VISTA ST.	BURBANK CA 91521	<input type="checkbox"/>
VT	CARPENTER, FARRIS E.	1375 BUENA VISTA DRIVE	LAKE BUENA VISTA FL 32830	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

(818) 560-1000

Daytime Phone #

0554248

CR2E034 (11/98)