

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M12061** (1)

1. Corporation Name:  
**ORION ACQUISITION, INC.**



Principal Place of Business: **2650 ENTERPRISE ROAD CLEARWATER FL 34623**  
Mailing Address: **2650 ENTERPRISE ROAD CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **03/01/1985**  
3a. Date of Last Report: **04/24/1995**  
4. FCI Number: **59-2257164**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:  
**PAGE, JOHN C.  
2650 ENTERPRISE ROAD  
CLEARWATER FL 34623**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0500 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---------------------------------|---|---|
| TITLE: <b>SPT</b>                           | <input type="checkbox"/> DELETE | 1. TITLE: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>PAGE, JOHN C.</b>                  |                                 | 2. NAME: _____  |   |
| STREET ADDRESS: <b>2650 ENTERPRISE ROAD</b> |                                 | 3. STREET ADDRESS: _____                              |   |
| CITY-STATE-ZIP: <b>CLEARWATER FL</b>        |                                 | 4. CITY-STATE-ZIP: _____                              |   |
| TITLE: <b>V</b>                             | <input type="checkbox"/> DELETE | 5. TITLE: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>HOOPE, RAYMOND</b>                 |                                 | 6. NAME: _____  |   |
| STREET ADDRESS: <b>2650 ENTERPRISE ROAD</b> |                                 | 7. STREET ADDRESS: _____                              |   |
| CITY-STATE-ZIP: <b>CLEARWATER FL</b>        |                                 | 8. CITY-STATE-ZIP: _____                              |   |
| TITLE: _____                                | <input type="checkbox"/> DELETE | 9. TITLE: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____                                 |                                 | 10. NAME: _____                                       |   |
| STREET ADDRESS: _____                       |                                 | 11. STREET ADDRESS: _____                             |   |
| CITY-STATE-ZIP: _____                       |                                 | 12. CITY-STATE-ZIP: _____                             |   |
| TITLE: _____                                | <input type="checkbox"/> DELETE | 13. TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____                                 |                                 | 14. NAME: _____                                       |   |
| STREET ADDRESS: _____                       |                                 | 15. STREET ADDRESS: _____                             |   |
| CITY-STATE-ZIP: _____                       |                                 | 16. CITY-STATE-ZIP: _____                             |   |
| TITLE: _____                                | <input type="checkbox"/> DELETE | 17. TITLE: _____                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____                                 |                                 | 18. NAME: _____                                       |   |
| STREET ADDRESS: _____                       |                                 | 19. STREET ADDRESS: _____                             |   |
| CITY-STATE-ZIP: _____                       |                                 | 20. CITY-STATE-ZIP: _____                             |   |

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 19.073(k), 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 holder 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 or on an attachment with an address.

SIGNATURE: **John C. Page** 3/26/96 (813) 797-0912  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)