

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

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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M90510 (2)
1. Corporation Name
ORRISON BROTHERS COMMERCIAL CORP.



Principal Place of Business 804 CAROLIN ST. MELBOURNE FL 32901 US	Mailing Address 804 CAROLIN ST. MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1988	
21. 808 CAROLIN ST.	26. 808 CAROLIN ST	4. FEI Number 59-2904548		Applied For Not Applicable	
22. Suite, Apt. #, etc. Melbourne, FL	27. Suite, Apt. #, etc. Melbourne, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State 32901	28. City & State 32901	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ORRISON, GARY M.
2129 MALABAR LAKES DRIVE NE
PALM BAY FL 32905**

10. Name and Address of New Registered Agent

81. Name ORRISON GARY M.
82. Street Address (P.O. Box Number is Not Acceptable) 2641 CROOKED ANTLER DR.
83. City Melbourne, FL 32934
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ORRISON, ROLAND LEE
STREET ADDRESS	790 ORONIN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	ORRISON, GARY M
STREET ADDRESS	1001 MANDRAIN DRIVE N.E.
CITY - ST - ZIP	PALM BAY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORRISON Roland Lee
1.3 STREET ADDRESS	3980 Lake Breeze Blvd.
1.4 CITY - ST - ZIP	Melbourne, FL 32934
2.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ORRISON GARY M
2.3 STREET ADDRESS	2641 Crooked Antler Dr.
2.4 CITY - ST - ZIP	Melbourne, FL 32934
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 in an attachment with an address **GARY M. ORRISON**

SIGNATURE: _____ DATE: **3/31/98** 407-728-7337

CR2E034 (10/97)