

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 21 808 CAROLIN ST. Suite, Apt. #, etc. Melbourne, FL City & State 32901 Zip Country		2a. Mailing Address 26 808 CAROLIN ST. Suite, Apt. #, etc. Melbourne, FL City & State 32901 Zip Country		3. Date Incorporated or Qualified 07/21/1988	
22		27		4. FEI Number 59-2904548 Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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 Melbourne, FL 32934 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ORRISON, ROLAND LEE	1.1 TITLE	ORRISON Roland Lee
NAME	780 ORONIN AVE	1.2 NAME	3980 Lake Breeze Blvd.
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	Melbourne, FL 32934
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DP	ORRISON, GARY M	2.1 TITLE	DP
NAME	1001 MANDRAIN DRIVE NE	2.2 NAME	ORRISON GARY M
STREET ADDRESS	PALM BAY FL	2.3 STREET ADDRESS	2641 CROOKED ANTLER DR.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Melbourne, FL 32934
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, on an attachment with an address.

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

CR2E034 (10/97)