

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0100000

PROFIT CORPORATION ANNUAL REPORT 1999



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

**FILED**  
 99 JUL 12 AM 11:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # M98910  
 1. Corporation Name  
**ORION SEARCH GROUP, INC.**

Principal Place of Business: 21080 ALPINE AVE, PORT CHARLOTTE FL 33952, US  
 Mailing Address: 21080 ALPINE AVE, PORT CHARLOTTE FL 33952, US

21	2a.	26	27	28	29	30
Principal Place of Business	Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State	Country
22						
23						
24		25				
Zip		Country		Zip		Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1988

4. FEI Number: 65-0067925 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:  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MYRON, RONALD B.**  
**12908 S.W. DOUG DRIVE**  
**LAKE SUZY FL 34266**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRON, RONALD B.	12 NAME	
STREET ADDRESS	21080 ALPINE AVE	13 STREET ADDRESS	600002943346--7
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	-07/27/99--01076--025
TITLE		21 TITLE	****150.00 ****150.00
NAME		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**ITS**

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.

SIGNATURE: \_\_\_\_\_ DATE: 7/1/99 44624 00:58

CR2E034 (5/99)

2

ORION SEARCH GROUP, INC.  
12908 SW DOUG DRIVE  
LAKE SUZY, FLORIDA 34266  
(941) 624-0088

July 1, 1999

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

I received your late filing notice concerning the above named corporation. I have been experiencing severe problems with my eyes, culminating with eye surgery in the beginning of May. This is why I neglected to file my report on time. If you will review my past history, you will note that all previous reports were filed on a timely basis. Because of my medical condition, I request that all late charges be waived. I am enclosing a check in the amount of \$150.00. Please accept this check in full payment of my liability.

I thank you in advance for any consideration given.

Very Truly Yours

  
\_\_\_\_\_  
Ronald B. Myron