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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:21

DOCUMENT # N01345 (0)

1. Corporation Name

VOITURE 202 DE LA SOCIETE DES 40 HOMMES ET 8 CHE VAUX OF ORANGE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
2101 LEE ROAD ORLANDO FL 32810 US	6808 RAVENNA AVENUE ORLANDO FL 32819-8474 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1984	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1157050	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

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

9. Name and Address of Current Registered Agent

RICHARDSON, ANTHONY
6808 RAVENNA AVENUE
ORLANDO FL 32819-5474

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 32819-8474

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GALARNEAU, CHARLES	1.2 NAME	
STREET ADDRESS	2825 ALSACE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, OLIVER J	2.2 NAME	
STREET ADDRESS	1824 36TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SHADER, LOUIS	3.2 NAME	
STREET ADDRESS	1630 DORMONT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, ANTHONY	4.2 NAME	
STREET ADDRESS	6808 RAVENNA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	EMBLETON, EVERETT D.	5.2 NAME	
STREET ADDRESS	925 QUINTILIAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 119.07(3)(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANTHONY RICHARDSON VICE PRESIDENT 1/19/95 (407) 352-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034451