FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N06701 DOCUMENT #
1. Corporation Name

(9)

AD 2 GREATER ORLANDO, INC.							
Principal Place	of Business	Mailing Address					
P. O. BOX 16 ORLANDO FL		P. O. BOX 162 ORLANDO FL 32802					
					3. Date Incorporated or Qualified 12/18/1984	3a. Date of Last 03/27/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2471732		Applied For
21		26			39-247 1732		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T T	Additional Required
City & State		City & State			Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has liability for in	tangible tax, inder s.	199.032,
24	25	29	30		Florida Statutes	Yes V No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name -	Ira Heller		
BROYLES	S, PATRICIA A			R2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1532 NEOLA TRAIL				1275	East Central Par	/Kway,#	1028
	PARK FL 32789			83		, .	
				84 City		 85 Zi	p Code
				'Al-	tamonte Sonings		
♥1. Pursuant 1	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the ab	ove-named corp corporation's bo	oration submits this statement for the purp	iose of changing its r intment as registered	registered οπισε I Lagent. Lam
familiar wi	th, and accept the obligations of Secti	ion 617.0503, Florida Statutes	3.	00.po.a	oration submits this statement for the purp pard of directors. I hereby accept the appoi	11.	
SIGNATURE	· Ma J. Nell					4/2/96	
· · ·	Signature, typed or printed name of registered agent			d Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TØ OFFK	DAIL DERS AND DIRECTO	
12.	OFFICERS ANI	DELETE	13 1.11			Change	DRS IN 12 S
TITLE		Преселе			Treasurer Patricia Broyles		
NAME	BROYLES, PATRICIA			STREET ADDRESS	1532 Neola Trail		
STREET ADDRESS	1532 NEOLA TRAIL WINTER PARK FL 32789			CITY-ST-ZIP	winter Park 12/3	2789	
CITY-ST-ZIP TITLE	VD VD	DELETE			President (1)	Change	Addition
	HELLER, IRA			· _	الكالم سيفيدون والماسي		
NAME PROFES ADDRESS	2368 SUN VALLEY CIRCLE			STREET ADDRESS	275 E. Central PKu	18-E01# LVI	
STREET ADDRESS	WINTER PARK FL 32792			CITY-ST-ZIP	Altamonte Sonnes	FU 3271	01
CITY-ST-ZIP	VD	SPELETE	_	TITLE IN	NUC MESICENT" (ICA)	☐ Change	Addition
NAME	SHIELDS, KYLE	7*	3.2		4	أم جريطر	_
STREET ADDRESS	229 PASADENA PLACE		3.3	STREET ADDRESS	5426 Lake Margaret"	DK: 1 #1194	
CITY-ST-ZIP	ORLANDO FL 32803	1	34.		Mando FL 32812	·	
TITLE	S	DELETE	4.1		secretary (D)	☐ Change	Addition
NAME	FUMERO, SYLVIA	1	4. 2	ALABAC P	- LA AINAII/ \`/	. فند . سست	
STREET ADDRESS	7509 KEY LARGO DR., #422		4.3	STREET ADDRESS	1150 Point New port	Terr, 1#2	€O8
CITY-ST-ZIP	WINTER PARK FL 32792		4.4	CITY - ST - ZIP	Casselberry, PC	32-10 I	
TITLE		DELETE	5.1	TITLE	1.	☐ Change	Addition
NAME			5.2	NAME :			1
STREET ADDRESS			5.3	STREET ADDRESS	70000 • ~		
CITY - ST - ZIP				CITY-ST-ZIP		<u> </u>	F 4.2000
TITLE		DELETE	6.1	TITLE	· 700001 で -04/22/9601 ***61.25	∩82 039 auðe	Addition
NAME			6.2	NAME	Ω1 • C2		24.22
STREET ADDRESS	1		6.3	STREET ADDRESS			4.~
CITY-ST-ZIP			6.4	CITY-ST-ZIP	to fee the exemption stated in Section 119		

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 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 certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Determine The Profile Statutes of Further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3