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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06701 (9)

1. Corporation Name

AD 2 GREATER ORLANDO, INC.

Principal Place of Business

P. O. BOX 162
ORLANDO FL 32802

Mailing Address

P. O. BOX 162
ORLANDO FL 32802-01623. Date Incorporated or Qualified
12/18/19843a. Date of Last Report
04/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2471732Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLER, IRA
275 EAST CENTRAL PARKWAY, #1028
ALTAMONTE SPRINGS FL 32701

81 Name

Robyn Blau

82 Street Address (P.O. Box Number is Not Acceptable)

12973 Newfield Drive

83

84 City

Orlando

FL

85

32837

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Robyn Blau

Robyn Blau

1/29/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROYLES, PATRICIA	
STREET ADDRESS	1532 NEOLA TRAIL	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, IRA	
STREET ADDRESS	275 EAST CENTRAL PARKWAY, #1028	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LONE, MONICA	
STREET ADDRESS	5426 LAKE MARGARET DR., #1124	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'DELL, JULIE	
STREET ADDRESS	1150 POINT NEWPORT TERR., #208	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robyn Blau	
1.3 STREET ADDRESS	12973 Newfield Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32837	
2.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kelly McLouth	
2.3 STREET ADDRESS	723 Maryland Avenue	
2.4 CITY-ST-ZIP	Winter Park, FL 32792	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sharon Grillman	
3.3 STREET ADDRESS	1004 E. Central Blvd.	
3.4 CITY-ST-ZIP	Orlando, FL 32801	
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 do 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 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

Daytime Phone # 0018008

Sharon Grillman 1/29/97 (407) 246-1538

CR2E037 (9/96)