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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39067 (6)

1. Corporation Name

OLD TOWN MERCHANTS, INCORPORATED

Principal Place of Business

Mailing Address

5770 W IRLO BRONSON
SUITE 324
KISSIMMEE FL 34746
US5770 W IRLO BRONSON
SUITE 324
KISSIMMEE FL 34748-4753
US

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

3. Date Incorporated or Qualified

06/12/1990

3a. Date of Last Report

04/15/1996

4. FEI Number

59-3041454

Applied 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 StatutesYes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZALESKI, JOHN J.

~~5770 W IRLO BRONSON PKWY #129~~
KISSIMMEE FL 34746

81 Name

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

5770 W IRLO BRONSON HWY, #129

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SUTTON, BYRON
STREET ADDRESS 505 WND AVE., W.
CITY-ST-ZIP WINDERMERE FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 505 2nd AVE W
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME MARTINEZ, JARED
STREET ADDRESS 350 ISABELLA DR.
CITY-ST-ZIP LONGWOOD FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME ZALESKI, JOHN J
STREET ADDRESS 2202 CHARDONNAY COURT EAST
CITY-ST-ZIP KISSIMMEE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME GEHERING, JAMES
STREET ADDRESS 10404 LAKE LOUSEA ROAD
CITY-ST-ZIP CLERMONT FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS DIANE HOMSI
4.4 CITY-ST-ZIP 8106 CHIANTI DRIVE
ORLANDO, FL 32836TITLE D ☒ DELETE
NAME DENNAOUI, GEORGE
STREET ADDRESS 10045 CRYSTALLING COURT
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME S D
5.3 STREET ADDRESS ANNIE GEAGEA
5.4 CITY-ST-ZIP 7719 TWIN PINE COURT
ORLANDO, FL 32819TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 REQUIRED

4-30-97

407-397-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070082

CR2E037 (9/96)