


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39591 (5)
1. Corporation Name
VARIETY CLUB OF ORLANDO, INC.



Principal Place of Business 3905 EL REY ROAD ORLANDO FL 32808-7917 US	Mailing Address 3905 EL REY ROAD ORLANDO FL 32808-7917 US
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3. Date Incorporated or Qualified
08/20/1990

4. FEI Number
59-3030272

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HARTMAN, DEBRA
3905 EL REY ROAD
SUITE 222
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HARTMAN, DEBRA	1.2 NAME	
STREET ADDRESS	3905 EL REY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD GILL, ROGER	2.2 NAME	SD LINDA ALEXANDER
STREET ADDRESS	2014 E ESTHER ST.	2.3 STREET ADDRESS	1281 GLADIOLAS DRIVE
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MYERS, D.C.	3.2 NAME	
STREET ADDRESS	3365 EVERGREEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ELLIS, BILL	4.2 NAME	
STREET ADDRESS	2224 DOE CROSSING COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ANSEL, DOTTIE	5.2 NAME	
STREET ADDRESS	8099 CANYON LAKE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D.C. MYERS* **D. C. MYERS** 01/15/98 407-298-2982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)