FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

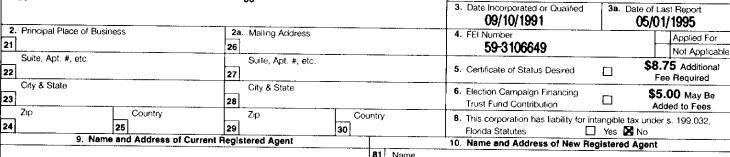
DOCUMENT #
1. Corporation Name

1996

DIVISION OF CORPORATIONS N45062 (9)

Principal Place of Business 2180 W. SR 434. #5000 LONGWOOD FL 32779-5044 Mailing Address

2180 W. SR 434. #5000 LONGWOOD FL 32779-5044 US



DESHPANDE, ANIL 5401 S KIRKMAN RD **STE 525** ORLANDO FL 32819

_		Florida Statutes	🗀 Yes 🛂 No	
		10. Name and Address o	f New Registered Agent	
	Name JAMES W	HART JR	<u></u>	
	SENTRY N	ss (P.O. Box Number is Not A MANAGEMENT INC	Acceptable)	·
	83 2180 WES	ST SR 434 SUITE	5000	

LÖNGWOOD 32779 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	495	\mathcal{U}	gont T	2/26/91	
12.	Signature, typed or printing name of registered agent and title if app	likratie (NOTE	Registered Agent signature re		
TITLE	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
i I	DP	☐ DELE1E	1.1 TITLE	PSD X Change ☐ Addi	tion
NAME	GUPTA, SURESH		1 2 NAME	ANIL DESHPANDE	
STREET ADDRESS	5401 S KIRKMAN RD STE 525		1.3 STREET ADDRESS	5401 KIRKMAN RD., STE 525	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE	DV	DELETE	2 1 TITLE	VTD 1€ Change ☐ Addii	tion
NAME	DESHPANDE, ANIL		2.2 NAME	THOMAS M. MCKEE	
STREET ADDRESS	5401 S KIRKMAN RD STE 525		2 3 STREET ADDRESS	5401 KIRMAN RD., STE 525	
CITY - ST - ZIP	ORLANDO FL		2 4 CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE	DST	☐ DELÉTE	3 1 TITLE	D Y Change Addit	tion
NAME	Gupta, Rohini		3 2 NAME	RICHARD M. WOODLEY	
STREET ADDRESS	5401 S KIRKMAN RD STE 525		3 3 STREET ADDRESS	5401 KIRMAN RD., STE 525	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		DELETE	4.1 TITLE	Change Addit	tion
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addil	ion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		- 1
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Additi	ion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR