NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000001318 (4)

PARRAMORE HERITAGE RENOVATION FOUNDATION, INC.

Principal Place of Business Mailing Address 423 WEST SOUTH STREET 423 WEST SOUTH STREET 3. Date Incorporated or Qualified ORLANDO FL 32801 ORLANDO FL 32801 03/10/1994 4. FEI Number 59-3233707 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status DesIred 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing

FILED

98 NOV -3 PM 3: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

| City & State City & State City & City & State City & State | 22 | | | 27 | | | | | | Trust Fund Contribution | | Added to | o Fees |
|--|--|--------------------|---------------------------------|-------------------|---------------------------|-------------|-------------------|--|--------------|--|--------------------|-----------------|--------------------|
| Zip Zountry Zip Country Zip | City & State | | | | City & State | | | | | 7. Is this nonprofit corporal | tion a homeown | ers associatio | n? |
| Zip Country Zip Sup Country Sup Country Sup | 23 | | | | 28 | | | | | | | | |
| Solution | | <u> </u> | Country | | Zin | TC | auntry | | | 9 This corporation guess of | r has poid the s | urrant waar In | tangible |
| 9. Name and Address of Current Registered Agent WILEY, SHARON L 423 WEST SOUTH ST ORLANDO FL 32801 82 Street_Address (F,D. Box Mymber is, INXI Arceptable) 103 S (F,D. Box Mymber is, INXI Arceptable) 104 S (F,D. Box Mymber is, INXI Arceptable) 105 S (F,D. Box Mymber is, INXI Arceptable) 106 S (F,D. Box Mymber is, INXI Arceptable) 107 S (F,D. Box Mymber is, INXI Arceptable) 108 S (F,D. Box Mymber is, INXI Arceptable) 109 S (F,D. Box Mymber is, INXI Arceptable) 100 S (F,D. Box Mymber is, INXI Arceptable) 100 S (F,D. Box Mymber is, INXI Arceptable) 100 S (F,D. Box Mymber is, INXI Arceptabl | - | - h | — · · · · · | | , | <u> </u> | , | | | | | | |
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| WILEY, SHARON L 423 WEST SOUTH ST ORLANDO FL 32801 22 Street_Address (P. Dean Number is, not Acceptable) 23 Street_Address (P. Dean Number is, not Acceptable) 24 City ORLANDO 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. In 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. In 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. In 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. In 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. In the purpose of changing its registered office or registered agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state of Florida Such change agent, or both, in the state administration's property of the purpose of changing its registered of the corporation's board of directors. In the purpose of changing its registered agent or both in the purpose of changing its registered agent or both in the purpose of changing its registered agent or both in the purpose of changing its registered agent or both in the purpose of changing its registered agent or both in the purpose of changing i | · · · | 9. Name | ma Address of Carr | ent negist | ered Agent | | | | | | | | |
| ### City ORLANDO FL 32801 ### City ORLANDO ### City ORLA | | | | | | | | Name | Ral | ph Armstead | | | |
| ORLANDO FL 32801 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named occoproation submits this statement for the pursose 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 specimental is 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 specimental is registered pagent, I am tamiliar with, and accept the obligations of, Section 617.0502, Florida Statutes. April 27, 1998 April 27, | | | · - | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| The provisions of Sections 617.0502 and 617.1508, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, 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, or both in the state of the population of the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of the appointment as registered agent, or both in the state of the appointment as registered agent, or both in the minimum. DELETE DEL | | | | | | | 00 | : | 1000 | MC3C AMCTIA | 301000 | | |
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| Ralph Armstead, President (NOTE Agent symbol | | | | | | | | | | | | | |
| Ralph Armstead, President (NOTE Agent symbol | 11. Pursuant | to the provision | ons of Sections 617.0 | 502 and 61 | 7.1508, Florida Stati | utes, the | above | -named | corpora | tion submits this statement f | for the purpose | of changing if | ts registered |
| Ralph Armstead, President (NOTE Agent symbol required when related agent are dotted specially, page or private agent and the reposition, page of private agent and the reposition when relateding) PRD ARMSTAD, RALPH 1036 W. AMELIA ST. ORLANDO FL 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZPP ORLANDO FL 24 CITY-ST-ZPP ORLANDO FL 33 STREET ADDRESS CITY-ST-ZPP ORLANDO FL 34 CITY-ST-ZPP Add: D Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 CITY-ST-ZPP PREINSTATEMENT PREINSTATEMENT PREINSTATEMENT PREINSTATEMENT PREINSTATEMENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS PLEASE TATEMENT PREINSTATEMENT PREIN | 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, typed or perford marrier of registered agents and talls if applicables. (NOTE: Registered Agent sequent in the Inspiratory of Pricers AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLA | | Ralnh | Armstead | Pres | ident 7 | | 7(| 200 | | 24 | | | |
| TILL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ARMSTEAD, RALPH 1336 W. AMELIA ST. 1.5 TITLE 12 MAME | S NATURE | Signature, lyped o | or printed name of registered : | oent and title if | applicable. (NO | TE. Froiste | red Age | nt skanature | e required w | (nen reinstation) | | <u>/, -</u> | |
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| | | ertify that the | information supplied | with this fill | ng does not qualify | | | | ed in Sec | tion 119.07(3)(i), Florida Sta | tutes. I further o | ertify that the | intomation |

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 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 address.

SIGNATURE:

Ralph Armstead (407) 841-7777