

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 023 ****61.25

DOCUMENT # N94000001318

1. Corporation Name

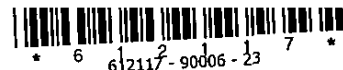
PARRAMORE HERITAGE RENOVATION FOUNDATION, INC.

Principal Place of Business

423 WEST SOUTH STREET
ORLANDO FL 32801
US

Mailing Address

423 WEST SOUTH STREET
ORLANDO FL 32801
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3233707	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

ARMSTEAD, RALPH
1036 WEST ARMELIA STREET
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name **William H. Owen**
82 Street Address (P.O. Box Number is Not Acceptable) **200 E. Robinson St. Suite 400**
83
84 City **Orlando** FL 85 Zip Code **32801**

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

William H. Owen - Secretary

8/26/99

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	PRD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTEAD, RALPH	1.2 NAME	KRAN RILEY
STREET ADDRESS	1036 W. AMELIA ST.	1.3 STREET ADDRESS	1331 LEE ROAD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, DONALD	2.2 NAME	GERALD BELL
STREET ADDRESS	1019 WEST JEFFERSON STREET	2.3 STREET ADDRESS	303 REUNITI CIRCLE
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELZER, BETTY	3.2 NAME	WILLIAM OWEN
STREET ADDRESS	825 WEST WASHINGTON STREET	3.3 STREET ADDRESS	200 E. ROBINSON STREET, SUITE 400
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	ORLANDO, FL 32801-1955
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, W.D.	4.2 NAME	W.D. MORRIS
STREET ADDRESS	2211 E HILLCREST ST	4.3 STREET ADDRESS	2211 E. HILLCREST STREET
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

William H. Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

secretary 8/26/99

Date

Daytime Phone #

CR2E037 (5/99)

0001308