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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000004592

1. Corporation Name

ORLANDO BRANCHES STEEL ORCHESTRA, INC.

Principal Place of Business
7043 KENSINGTON HIGH BLVD.
ORLANDO FL 32818

Mailing Address
7043 KENSINGTON HIGH BLVD.
ORLANDO FL 32818



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 32818 25 ORANGE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

APPLIED FOR 59-3267989

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BELFAST, YOLANDA
7043 KENSINGTON HIGH BLVD.
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

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

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, for 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

TITLE DP
NAME BELFAST, YOLANDA
STREET ADDRESS 7043 KENSINGTON HIGH BLVD.
CITY-ST-ZIP ORLANDO FL 32818 ☐ DELETE

TITLE DV
NAME EMMANUEL, MAISHA
STREET ADDRESS 7043 KENSINGTON HIGH BLVD.
CITY-ST-ZIP ORLANDO FL 32818 ☐ DELETE

TITLE DT
NAME BELFAST, ROY
STREET ADDRESS 7043 KENSINGTON HIGH BLVD.
CITY-ST-ZIP ORLANDO FL 32818 ☐ DELETE

TITLE DF
NAME HENDERSON, LYN
STREET ADDRESS 3706 CHALES CT.
CITY-ST-ZIP ORLANDO FL 32818 ☐ DELETE

TITLE DS
NAME THOMAS, EMERALD
STREET ADDRESS 5013 DANNY BOY CIRCLE
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.15.99 407292892

CR2E037 (1/98)