

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

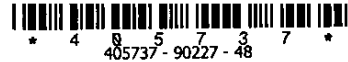
FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90227 048 ****61.25

DOCUMENT # N96000002380

1. Corporation Name

WORLD TRADE CENTER ORLANDO, INC.



Principal Place of Business

105 E. ROBINSON STREET
STE 500
ORLANDO FL 32801

Mailing Address

105 E. ROBINSON STREET
STE 500
ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3082996

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

DECUBELLIS, DAN
255 SO. ORANGE AVENUE
ORLANDO FL 32801

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, 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

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 P
NAME SUTTON, BYRON
STREET ADDRESS 105 E. ROBINSON
CITY-ST-ZIP ORLANDO FL 32801

TITLE VP
NAME ASTA, RICK
STREET ADDRESS 105 E. ROBINSON
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME JIMENEZ, MIGUEL MR
STREET ADDRESS 390 N. ORANGE AVE., 7TH FLOOR
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME MCALLASTER, CRAIG DR
STREET ADDRESS 1000 HOLT AVE. 2722
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D
NAME SIMEK, GEORGE DR
STREET ADDRESS 5600 SANDLAKE ROAD, MP 515
CITY-ST-ZIP ORLANDO FL 32819-8907

TITLE D
NAME PARKER, DIANE MS
STREET ADDRESS 101 INTERNATIONAL PARKWAY, SUITE B
CITY-ST-ZIP HEATHROW FL 32746

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99 407649-1899

CR2E037 (11/98)