

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:56

DOCUMENT # P92000004318 (1)

1. Corporation Name
STORYLAND, INC.

Principal Place of Business Mailing Address
7167 MARVISTA CT **7167 MARVISTA CT**
ORLANDO FL 32835 **ORLANDO FL 32835**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/05/1992 **04/19/1994**

4. FEI Number Applied For
59-3147237 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1334 TINDARO DRIVE** 26 **1334 TINDARO DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State
23 **APOPKA, FL** 28 **APOPKA, FL**

Zip Country Zip Country
24 **32703** 25 **USA** 29 **32703** 30 **USA**

9. Name and Address of Current Registered Agent
RADNER, ARLEEN M
7167 MARVISTA CT
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name
ARLEEN RADNER
82 Street Address (P.O. Box Number is Not Acceptable)
1344 TINDARO DRIVE
83
84 City
APOPKA 85 Zip Code
FL 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Arleen Radner* **PRESIDENT** **ARLEEN RADNER** **3/16/95**
By 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	D
NAME	RADNER, MARTIN
STREET ADDRESS	7167 MARVISTA CT
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	RADNER, ARLEEN
STREET ADDRESS	7167 MARVISTA CT
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1344 TINDARO DR.
1.4 CITY-ST-ZIP	APOPKA, FL 32703
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1344 TINDARO DR.
2.4 CITY-ST-ZIP	APOPKA, FL 32703
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arleen Radner* **ARLEEN RADNER** **3/16/95** **407-884-6590**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number