FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008701 (4)

LAKE ORLANDO PROPERTIES, INC.

Principal Place of Business

Mailing Address

IGOS NI LAKE OBLANDO PKWY

2002 N. LAKE OBLANDO PKWY

FILED May 05 1998 8:00am Secretary of State



ORLANDO FL 32808		ORLANDO FL 32808	ORLANDO FL 32808			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/30/1992
2. Principal Pt	ace of Business	2a. Mailing Address				4, FEI Number Applied For
21		— <u> </u>	26			59-3153043 Not Applicable
Suite, Apt.	W. etc.	4 4	Suite, Apt. #, etc.			60 7E
22	.,	<u>⊢</u> ¬	27			5. Certificate of Status Desired Fee Required
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cot	untry	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. X Yes No
	Name and Address of Curre	ent Registered Agent	_ 	T		10. Name and Address of New Registered Agent
OSV	VALD, KENNETH F			81	Name	
	COURTLAND ST.		82 Street A		Ctroot	Address (P.O. Box Number is Not Acceptable)
	TE 110				Street	Address (P.O. Box Nortiber is Not Acceptable)
	ANDO FL 32804		83			
Vn.	74100 1 L VEVV1			L.	- <u></u>	
				84	City	FL 85 Zip Code
11, Pursuant t	o the provisions of Sections 607.05	02 and 607,1508, Florida Statu	ites, the a	bov	L e-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State familiar with, and accept the oblin	e of Florida. Such change was	authorize	d by	vithe corp	poration's board of directors. I hereby accept the appointment as registered
	manimar with, and accept the obig	gations of, occiton 607.0000, f	iorida Sia	ioles	5.	
SIGNATURE .	Stonature, typed or printed name of registered as	gent and tele if applicable (NC	It Registero	d Age	ent signature	required when reinstating) DATE
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	DELETE	117	ITLE		Change Addition
NAME	ÇOHEN, RICHARD S		1.2 N	AME		
STREET ADDRESS 3802 N. LAKE ORLANDO PKW		(WY.	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP		ST - ZIP	
TITLE	δ	☐ DELETE	21 T	21 TITLE		Change Addition
NAME	WILLIAMS, JENNY W 22		22 N	2 2 NAME		
STREET ADDRESS 3802 N. LAKE ORLANDO PKW		(WY.	23 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP ORLANDO FL 32808			2. 4 CITY+ST+ZIP		ST-ZIP	
TITLE	The second secon			31 TITLE		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE	_ 	DELETE	4.1 T			Change Addition
NAME			4. 21	NAME		
STREET ADDRESS					ADDRESS	
City-St-ZiP					3T - ZIP	
TITLE		☐ DELETE	5.1 1			Change Addition
NAME		_	5.2 N			_ · · -
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	6.1 7			Change Addition
NAME			62 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP						
	ertify that the information supplied	with this filing does not qualify		-	it-ZIP	Led 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 refused 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.						