

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90016 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P93000005592</u> <u>✓OK</u>		
1. Corporation Name <u>ORPHANS, INC.</u>		



Principal Place of Business	Mailing Address
2326 E. 7th Ave Tampa, FL 33605	2326 E. 7th Ave Tampa, FL 33605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1-15-1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3159027	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Fred C. Schwartz 2326 E. 7th Ave Tampa, FL 33605				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 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 Fred C. Schwartz (NOTE: Registered Agent signature required when changing registered office)
 Signature, typed or printed name of registered agent, and title if applicable (DATE) 6-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11. NAME	11. TITLE	11. NAME
NAME	12. NAME	12. NAME	12. NAME
STREET ADDRESS	13. STREET ADDRESS	13. STREET ADDRESS	13. STREET ADDRESS
CITY-ST-ZIP	14. CITY-ST-ZIP	14. CITY-ST-ZIP	14. CITY-ST-ZIP
TITLE	21. TITLE	21. TITLE	21. TITLE
NAME	22. NAME	22. NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS	23. STREET ADDRESS
CITY-ST-ZIP	24. CITY-ST-ZIP	24. CITY-ST-ZIP	24. CITY-ST-ZIP
TITLE	31. TITLE	31. TITLE	31. TITLE
NAME	32. NAME	32. NAME	32. NAME
STREET ADDRESS	33. STREET ADDRESS	33. STREET ADDRESS	33. STREET ADDRESS
CITY-ST-ZIP	34. CITY-ST-ZIP	34. CITY-ST-ZIP	34. CITY-ST-ZIP
TITLE	41. TITLE	41. TITLE	41. TITLE
NAME	42. NAME	42. NAME	42. NAME
STREET ADDRESS	43. STREET ADDRESS	43. STREET ADDRESS	43. STREET ADDRESS
CITY-ST-ZIP	44. CITY-ST-ZIP	44. CITY-ST-ZIP	44. CITY-ST-ZIP
TITLE	51. TITLE	51. TITLE	51. TITLE
NAME	52. NAME	52. NAME	52. NAME
STREET ADDRESS	53. STREET ADDRESS	53. STREET ADDRESS	53. STREET ADDRESS
CITY-ST-ZIP	54. CITY-ST-ZIP	54. CITY-ST-ZIP	54. CITY-ST-ZIP
TITLE	61. TITLE	61. TITLE	61. TITLE
NAME	62. NAME	62. NAME	62. NAME
STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS
CITY-ST-ZIP	64. CITY-ST-ZIP	64. CITY-ST-ZIP	64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: Fred C. Schwartz 4/28/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR