

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000012666 (2)

1. Corporation Name

THE MEETING PLACE OF ORLANDO, INC.

Principal Place of Business

SUITE 175  
1040 WOODCOCK ROAD  
ORLANDO FL 32803

Mailing Address

P.O. BOX 149163  
ORLANDO FL 32814-9163

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 934 N Mills Ave

26 934 N Mills Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Orlando FL 32803

28 Orlando FL

Zip

Zip

32803

32803

Country

Country

24 32803

29 32803

25

30

4. FEI Number

59-3168658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THORNLEY, PETER B  
STE 175  
1040 WOODCOCK RD  
ORLANDO FL 32803

Peter B. Thornley  
1065 Terrace Boulevard  
Orlando FL 32803-3235

10. Name and Address of New Registered Agent

81 Name

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

1065 Terrace Blvd

83

84 City

Orlando

FL

85 Zip Code

32803

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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

P  
THORNLEY PETER B  
1065 TERRACE BLVD  
ORLANDO FL 32803

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

Peter B. Thornley  
1065 Terrace Boulevard  
Orlando FL 32803-3235

2.1 TITLE ☐ Change ☐ Addition

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 do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0096743

CR2E034 (9/96)