FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:48

DOCUMENT # P93000065245 (1)

1. Corporation Name
20 NORTH ORANGE CORP.

Principal Place of Business
800 N. MAGNOLIA AVE.
STE. 1000
ORLANDO FL 32803
US

Mailing Address
800 N. MAGNOLIA AVE.
STE. 1000
ORLANDO FL ~~32803~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 32803 Country 30

4. FEI Number: 59-3207180 — 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

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

9. Name and Address of Current Registered Agent
WALKER, H WILLIAM JR
WHITE & CASE
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: 07.01 Type or print name of registered agent and title if applicable — 07.02 Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

01 TITLE	DP
02 NAME	KRUEGER, WINFRIED
03 STREET ADDRESS	KARL-WIECHERT-ALLEE 50
04 CITY, ST, ZIP	30625 HANOVER GE
01 TITLE	DV
02 NAME	~~GLASOV, JORDAN E~~
03 STREET ADDRESS	24714 NODDING FLOWER CT.
04 CITY, ST, ZIP	BARRINGTON IL
01 TITLE	DTS
02 NAME	BRAZIEL, DENNIS D
03 STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1000
04 CITY, ST, ZIP	ORLANDO FL
01 TITLE	
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	
01 TITLE	
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	
01 TITLE	
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[X] Change [ ] Addition
22 NAME	GLAZOV, JORDAN E.
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 of Section 12, or is an authorized agent with an address.

SIGNATURE: Dennis D. Brazil
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR
DENNIS D. BRAZIL

JANUARY 13, 1995 — Date
(407) 644-5411 — Daytime Phone

0065000 CP