FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000065245 (1)**

1. Corporation Name

20 NORTH ORANGE CORP.

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **09/20/1993**

3a. Date of Last Report: **02/14/1995**

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 ☐ 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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	DP ☐ Change ☒ Addition
NAME	KRUEGER, WINFRIED	1.2 NAME	DECKER, RAINER
STREET ADDRESS	KARL-WIECHERT-ALLEE 50	1.3 STREET ADDRESS	KARL-WIECHERT-ALLEE 50
CITY-ST-ZIP	30625 HANOVER GE	1.4 CITY-ST-ZIP	30625 HANNOVER GERMANY
TITLE	DV ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GLAZOV, JORDON E.	2.2 NAME	GLAZOV, JORDAN E
STREET ADDRESS	24714 NODDING FLOWER CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL	2.4 CITY-ST-ZIP	
TITLE	DTS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAZIEL, DENNIS D	3.2 NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Dennis D. Braziel — 1/15/96 — (407) 649-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DENNIS D. BRAZIEL