

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90124 038 ***150.00

DOCUMENT # P93000065245

1. Corporation Name

20 NORTH ORANGE CORP.



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

3. Date Incorporated or Qualified

09/20/1993

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 owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAZIEL, DENNIS D
800 N MAGNOLIA AVENUE
SUITE 1000
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DECKER, RAINER**
CITY-ST-ZIP **KARL-WIECHERT-ALLEE 50**
30625 HANOVER GE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DTS**
STREET ADDRESS **BRAZIEL, DENNIS D**
CITY-ST-ZIP **800 N. MAGNOLIA AVE., STE. 1000**
ORLANDO FL 32803

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **GEORG, DIETMAR**
CITY-ST-ZIP **150 E 42ND ST**
NEW YORK NY 10017

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **MURDOLD, SANDRA**
CITY-ST-ZIP **150 E 42ND ST**
NEW YORK NY 10017

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **AS**
STREET ADDRESS **STORK, CARSTEN**
CITY-ST-ZIP **DARL-WIECHERT-ALLEE 50**
HANNOVER GE 30625

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Assistant Treasurer
Dorothy Mallory Walters
800 N. Magnolia Avenue, Suite 1000
Orlando, FL 32803

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

(407) 649-8411

Date

Daytime Phone #

CR2E034 (11/98)