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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300066066 (0)

ORION TECHNICAL SOURCE, INC.

APPROVED AND

1997 JUN 26 PM 1: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					-	90114 DITE BIHT BBITE BITE I	ALEE COOL
7819 THICKET LANE 7819 THICKET LANE ORLANDO FL 32819-3301							
					3. Date Incorporated or Qualified 09/15/1993	3a. Date of Last Re 05/01/1996	port
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26			59-3206584	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	I
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Co		Count	ry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30		30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent		al at	10. Name and Address of New Registered Agent		
	Laseck, Stan		8	KOBE	ERT B. BRANS	ON ESO	
	THICKET LANE		8	2 Street Addre	ess (P.O. Box Number is Not Acceptab	(e)	
ORLANDO FL 32819				150	4 E. LIVINGS	TON ST	<u>, </u>
•			8	3			
				4 City OR	LANDO	FL 85 Zip 0	2803
11. Pursuant office or r	to the provisions of Sections 607.05 agistered agent, or both, in the State of familiar with, and accept the oblider	02 and 607.1508, Florida Statute e of Florida. Such change was a nations of Section 607.0505. Exi	s, the abo	named corporation	oration submits this statement for the proofs board of directors. I hereby accep	urpose of changing its the appointment as r	registered egistered
SIGNATURE	RUBERT B. BRAI	USON, ESO.		gent signature require		Ser 14	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 12
TIFLE	DVTS	DELETE	1.1 1111.0	1		Change	Addition
NAME	PODLASECK, CINA		1.2 NAM	E	6000022	27726-	7
STREET ADDRESS	7819 THICKET LANE			ET ADDRESS	6000022 -07/01/9	37010540	25
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	- \$1 - 7IP	****165	5.00 <u>****</u> 16!	5 <u>.</u> 00
TITLE	PD	☐ DELETE	2.1 TITL	E		L Change	Addition
NAME	PODLASECK, STAN		2.2 NAM	E			
STREET ADDRESS	7819 THICKET LANE		2.3 STRE	ET ADDRESS			
DITY-ST-ZIP	ORLANDO FL		2. 4 CITY	(-S1-7IP			
TITLE	D	™ DELETE	3.1 TITL	E		L Change	☐ Addition
NAME	PODLASECK, JOSEPH		3.2 NAM	E			
STREET ADDRESS	76 NORTH SHORE DRIVE		3 3 STRE	ET ADDRESS			
CITY-ST-ZIP	SEAFORD DE	No. Car		(-ST-ZIP		<u> </u>	- Applear
TITLE	D	IX DELETE	41100			Change	Addition
NAME	PODLASECK, PHYLLIS		4 2 NAM				
STREET ADDRESS	76 NORTH SHORE DRIVE			EET ADDRESS			
CITY-ST-ZIP	SEAFORD DE	T belete		-ST-ZIP		T Observe	Aplatican
IÚFE		DELETE	5.1 1111			Change	Addition
NAME			5.2 NAM				
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TITLE		☐ DELETE	6.1 TITL	1		∐ Change	Addition
NAME			6.2 NAM	į.		1/4	tsink!
STREET ADDRESS			6.3 STR	ET ADDRESS		,,	ן י ועטןן,
CITY-ST-ZIP			6.4 CITY	- \$1 - ZIP	in Continue 110 07/01/0) Florido Ctatuto	U	<u>/ </u>

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 13 if changed, or on an attachment with an addressy