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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000067594 (0)

FILED Jan 24 1997 8:00am Secretary of State

ORANGE TREE, INC. Principal Place of Business Mailing Address 10825 GULF BLVD TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706-4707						3. Date Incorporated or Qualified 36. Date of Last Report				
							10/01/1993		/26/1996	16port
2. Principal	Place of Business	2a. N	lailing Address				4. FEI Number		· · · · · · · · · · · · · · · · · · ·	pplied For
1		26					59-3212658		 _	ot Applicable
Suite, Ap	t#,efc	27	uite Apt. #, etc.				6. Certificate of Status Desired	ı 🗆		Additional equired
City & Sta	ate		Sty & State				6. Election Campaign Financi	ng	\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Į z	(p	Cou	intry		8. This corporation has liability			s. 199.032,
24	25	29		30	,		Fiorida Statutes	Z Yes		
	9. Name and Address of C	urrent Register	red Agent		81	Name	10. Name and Address of New	W Hegistered	Agent	
	CK, ESTHERENE					·				
	825 GULF BLVD EASURE ISLAND FL 33706				82	Street Add	ress (P.O. Box Number is Not Acce	eptable)		
In	EAGURE ISLAND FL 33700			ļ	83					
			4	. [
					84	City		FI	85 Zip	Code
office or	r registered agent, or both, in the	State of Florida.	. Such change was	authorized Iooda Stat	d by t	the corporal	poration submits this statement for tion's board of directors. I hereby a	eccebi tue ab	pomininent as	, . pg. 0 (0. Du
office or agent. I SIGNATURE	am familiar with, and accept the same type for particular extraordinates of treasure	State of Fiorida, obligations of, \$	Such change was Section 607.0505, F	Iorida Stat	d by t tutes.	the corporal	tion's board of directors. I hereby a	DATE		
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4. 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:

STATER BUCK STATER BNG BUCK 1/18/97

Daytime Phone #