FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	W. 31	DIVIS	Secretary of S ION OF CORP		ONS					
DOCI 1. Corpora	JMENT tion Name	# P9300	0068111	(2)				· ·			
LAR	KIN, MEEC	ER & SCHWEIDEL/	ORLANDO, INC								
Principal Place of Business Mailing Address									46 48	'stat falat att	TAK DINNE INNI ENA:
20 N. ORANGE AVE. 2501 CEDAR SPRING STE. 1209 LB 28 ORLANDO FL 32801 DALLAS TX 75201					RD.					·	
US			US					 Date Incorporated or Qualified 09/30/1993 		of Last F 05/01/19	,
	Place of Busin	ess	2a. Mailing Address			4. FEI Number			Applied For		
21 Suite A	ot. #, etc.		26			59-3204638			Not Applicable		
22			27]			5. Certificate of Status Desired			5 Additional Required		
City & State			Oity & State			6. Election Campaign Financing			0 May Be		
Zip		Country				·		Trust Fund Contribution Added to Fee 8. This corporation has liability or intangible tax under s 199.03			
24	25 29 30			,			Florida Statutes ✓ Yes No			199.002.,	
	9. Name	and Address of Current	Registered Agent		81	T		10. Name and Address of New	Registered	Agent	
						Nar	ne				
A.G.C. CO. 2300 SUN BNAK CENTER					82	Stre	et Addr	ress (P.O. Box Number is Not Accepta	ble)		
200 SOUTH ORANGE AVE.					83		···				
	ANDO FL 328					0.					
					84	"			FL	. ' '	ip Code
11. Pursua or regis	nt to the provis	ions of Sections 607,0502 a	and 607,1508, Florida a. Such change was a	Statutes, the a	pove i	name	l corpor	ration submits this statement for the part of directors. Thereby accept the ap	rpose of cha	anging its	registered office
familiar	with, and acce	pt the obligations of, Section	on 607.0505, Florida 5	Statutes.	io corp.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	113 000	ro or onectors. Thereby accept the ap-	ountinent as	registered	ладени, пант
SIGNATURI		or printed hame of registered agent a	nd file if accurable	(NOTE: Backs	ared Ansa	nt pinuat	ura essa desa	d when reinstanny)	CATC		
12.		OFFICERS AND			3.	in organiza		ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	ORS IN 12
TITLE	TCEO		DELE	TE 1.	1 TITLE					Change	☐ Addition
NAME		N, CARL		1.	2 NAME						
STREET ADDRES	7	CEDAR SPRINGS		1.	3 STREE1	addre	ss				
CITY-ST-ZIP TITLE	DALLA	SIX	ET DELE		4 CITY - S	ST - 74P					
NAME	S	ER, BILL	DELF		1 TITLE		}		L	Change	Addition
STREET ADDRES		EDAR SPRINGS			2 NAME 3 STREET	r anone	c c				
CITY-ST-ZIP	DALLA				a a : ncc : 4 CITY - 9		20				i
TITLE	VP	<u> </u>	DELE		1 TITLE	31-711			7	Change	Addition
NAME		EIDEL, KIM			2 NAME						<u> </u>
STREET ADDRES		EDAR SPRINGS		3.	3. STHEE	I ADDRE	SS				
CITY-ST-ZIP	DALLA	S TX		3	4 CITY - S	ST-ZIP					
TITLE			☐ DEFE	TE 4.	1 TITLE					Change	☐ Addition
NAME				4.	2 NAME						
STREET ADDRES	is			4	3 STREET	ADDRE	SS				
CITY-ST-ZIP			F	~~~~	4 CITY - S	31 - 7IP					
TITLE			DELF		1 TITLE				[Change	Addition
NAM?				5 2 NAME							
STREET ADDRES	ю				STREET		58				
TITLE			DELF.		4 CHY-S 1 T TLE	SI-ZIP				Change	Addition
	1			■ ~			1		L.	viangv	7,00,001

14. I do hereby certify that the information supplied with this [ling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of 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 an available ment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: _

NAME

STREE1 ADDRESS

CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (214) 979-5000

CR2E034 (12/95)