

4-20-98 B-5040
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000088817 (0)**

1. Corporation Name

ORIOLE LIMITED, INC.

Principal Place of Business

Mailing Address

**1690 SOUTH CONGRESS AVENUE
STE 200
DELRAY BCH FL 33445
US**

**1690 SOUTH CONGRESS AVENUE
STE 200
DELRAY BCH FL 33445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

Applied For

65-0456392

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NUNEZ, A~~
**C/O ORIOLE HOMES CORP
1690 S CONGRESS AVE, STE 200
DELRAY BCH FL 33445**

81 Name

Pivinski, Joseph

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

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

Joseph Pivinski, Vice President

4/10/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LEVY, MARK**
STREET ADDRESS **1690 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

1.1 TITLE **V/T** ☐ Change ☒ Addition
1.2 NAME **Pivinski, Joseph**
1.3 STREET ADDRESS **1690 S. Congress Ave, 200**
1.4 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **OD** ☐ DELETE
NAME **LEVY, RICHARD D**
STREET ADDRESS **1690 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **VTD** ☒ DELETE
NAME **NUNEZ, ANTONIO**
STREET ADDRESS **1690 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **VD** ☒ DELETE
NAME **HUBSHMAN, E E**
STREET ADDRESS **1690 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE **SD** ☐ DELETE
NAME **LEVY, HARRY A**
STREET ADDRESS **1690 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

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

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.

SIGNATURE:

Joseph Pivinski
Joseph Pivinski

4/10/98 561-274-2000

CR2E034 (10/97)