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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # Principal Place of Business 2129 CHINOOK TRAIL MAITLAND FL 32751 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9. Name and Address of Current Registered Agent

> voorhees. Peter e 2129 CHINOOK TRAIL

MAITLAND FL 32751

ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Secretary of State DIVISION OF CORPORATIONS

P94000010550 (9)

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MESSAGE ON HOLD OF ORLANDO, INC.

Mailing Address	
2129 CHINOOK TRAIL MAITLAND FL 32751	

Country

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1994 Applied For 4. FEI Number 59-3279296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes of has paid the current year Intangible Yes Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

			63						
			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 ibligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Separative reported representing stereor appeal and title of appeal and titl									
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12		
TITLE	P	DELETE	1.1 TITLE			Change	☐ Addition		
NAME	VOORHEES, PETER E		1.2 NAME						
STREET ADDRESS	2129 CHINOOK TRAIL		1.3 STREET.	ADDRESS					
CITY-SI-ZIP	MAITLAND FL 32751	l	1.4 C(TY - S)	- ZIP					
TITLE		DELETE	2.1 TITLE			Change	Addition		
NAME			2 2 NAME				-		
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2 4 CITY-S	T- ZIP	_		[
TITLE		DETETE	3 1 11TLE			Change	☐ Addition		
NAME			3 2 NAME						
STREET ADDRESS		1	33 SIREET	ADDRESS		1			
CITY-ST-ZIP			3 4. CITY - S	T- ZIP					
TITLE		DELETE	4 1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME			1/2/			
STREET ADDRESS		l l	4.3 STREET	ADDRESS		\mathbb{Z}	/つ		
CITY-ST-ZIP			4.4 CITY - ST	- ZIP		19	\sim		
TITLE		DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREET	ADDRESS					

14. Thereby 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 offect as if made under early 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

***300.00

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