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 # P94000010799 (2)

ORIENT PUBLISHING, INC.

362 COMMERCE WAY SUITE 100	
LONGWOOD FL 32750	

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



22. Mailing Address 2a. Mailing Address 59-3230471 Suite, Apt #, etc. Suite, Apt #, etc 50 (1) & State 50 (2) & S	No gent 85 Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees as under s. 199.032 No gent
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Fee Required \$5.00 May Be Added to Fees as under s. 199.032. No gent Style Code
28 Trust Fund Contribution Zip Country Zip Country	Added to Fees as under s. 199.032 No gent Style="background-color: red; color: white; background-color: red; color: white; background-color: red; color: white; background-color: red; color: red; color: white; co
Zip Country Zip Country Zip Country 30 So South South Statutes Sou	No pent Style="color: red; say: 199.032;"> Style="color: red; say: 199.032;" Style="color: red; say: 199.03
25 29 30 Florida Statutes	No gent 85 Zip Code
9. Name and Address of Current Registered Agent MARTIJA, LITA A 7523 ALOMA AVE., STE. 108 WINTER PARK FL 32792 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 change was authorized by the corporation's board of directors. I hereby accept the appoint agent 1 am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when rainstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D MARTIJA, LITA A 12 NAME SIBERT ADDRESS CITY ST- 2IP LONGWOOD FL 32750 14 CITY-ST- 2IP TITLE D GROGAN, BETTY 22 NAME STREET ADDRESS 3080 CLEMSON ROAD 23 STREET ADDRESS 3080 CLEMSON ROAD	85 Zip Code
MARTIJA, LITA A 7523 ALOMA AVE., STE. 108 WINTER PARK FL 32792 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 ct 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 appoint agent I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. (NOTE Registered Agent aignature required when rainslating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE 1.3 TITLE D DELETE 2.1 TITLE D STREET ADDRESS 3080 CLEMSON ROAD	85 Zip Code
MARTIJA, LITA A 7523 ALOMA AVE., STE. 106 WINTER PARK FL 32792 83 84 City FL 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 ct 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 appoint agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prefed name of registered agent and ideal applicable (NOTE Registered Agent aignature required when relinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIILE D L MARTIJA, LITA A 1.2 NAME SIRRET ADDRESS 1320 CARLTON ST. LONGWOOD FL 32750 1.4 CITY-ST-ZIP ITILE D LONGWOOD FL 32750 1.4 CITY-ST-ZIP CORRESS OR	hanging its register
### City ####################################	hanging its register
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 of 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 appoint agent I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when rainslating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE DELETE 1.3 IffLE LAMME 1.2 NAME 1.3 STREET ADDRESS CTY - ST - ZIP TITLE D DELETE 2.1 TITLE D DELETE 2.2 NAME STREET ADDRESS 3080 CLEMSON ROAD 2.3 STREET ADDRESS 3080 CLEMSON ROAD	hanging its register
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 of 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 appoint agent i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typoid or printed name of togserred agent and tide if applicable (NOTE Registered Agent signature required when rainstating) DATE 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME MARTIJA, LITA A 1.2 NAME STREET ADDRESS CITY-SI-ZIP TITLE D DELETE D DELETE 2.1 TITLE D GROGAN, BETTY 3080 CLEMSON ROAD 23 STREET ADDRESS 123 STREET ADDRESS 24 STREET ADDRESS 25 NAME 22 NAME 23 STREET ADDRESS	hanging its register
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 change 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 appoint agent it am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME MARTIJA, LITA A 1.2 NAME SIREET ADDRESS CITY-ST-ZIP DELETE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE D GROGAN, BETTY 2.2 NAME STREET ADDRESS 3080 CLEMSON ROAD	hanging its register
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 confidering 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 appoint agent I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide If applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.3 TITLE D LAMKE STREET ADDRESS CTY-ST-2IP TITLE D DELETE 2.1 TITLE D DELETE 2.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 3080 CLEMSON ROAD 2.3 STREET ADDRESS 3080 CLEMSON ROAD	changing its register introduction as 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 appoint agent 1 am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 IffLE NAME MARTIJA, LITA A 1.2 NAME SIREET ADDRESS CITY-ST-2IP TITLE D DELETE 2.1 TITLE D GROGAN, BETTY 3080 CLEMSON ROAD 2.3 STREET ADDRESS 3080 CLEMSON ROAD	changing its register intment as registere
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TifLE NAME MARTIJA, LITA A 12 NAME SIREFT ADDRESS 1320 CARLTON ST. C-TY-ST-ZIP LONGWOOD FL 32750 1.4 CITY-ST-ZIP TIFLE D AMME GROGAN, BETTY STREET ADDRESS 3060 CLEMSON ROAD 23 STREET ADDRESS 3060 CLEMSON ROAD DATE 1.0 NOTE Registered Agent signature required when rainstaturg) DELETE 1.1 TifLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS	
12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME NAME MARTIJA, LITA A 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 DELETE D DELETE 21 TITLE D AME 22 NAME 23 STREET ADDRESS 3060 CLEMSON ROAD 13. ADDITIONS/CHANGES TO OFFICERS AND D LITLE LADDRESS LONGWOOD FL 32750 LONGWOOD	
DELETE	DIDECTORS IN 12
NAME	Change Addit
1320 CARLTON ST. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP LONGWOOD FL 32750 1.4 CITY-ST-ZIP 1.4 CI	T Cusuite 1 Vincil
C-TY - ST- ZIP LONGWOOD FL 32750 1.4 CITY - ST- ZIP TITLE D DELETE 2.1 TITLE NAME GROGAN, BETTY 22 NAME STBEEL ADDRESS 3060 CLEMSON ROAD 23 STREET ADDRESS	
THE D DELETE 2.1 TITLE NAME GROGAN, BETTY STREET ADDRESS 3060 CLEMSON ROAD DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS	
NAME GROGAN, BETTY 22 NAME STREET ADDRESS 3060 CLEMSON ROAD 23 STREET ADDRESS	
STREET ADDRESS 3080 CLEMSON ROAD 23 STREET ADDRESS	Change Addir
CRY ST-ZIP ORLANDO FL 12.4 CITY-ST-ZIP	
TITLE	Change Addi
NAME -RUDIO, LINDA 3.2 NAME	
STREET ADDRESS 1100 DYSON DR. 3.3 STREET ADDRESS	
CITY-ST ZIP WINTER CPRINGS FL 32750 34.CITY-ST-ZIP	
TITLE DELETE 41 TITLE	☐ Change ☐ Addi
NAME Padro Gongles, M.D. 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 NAME 4.4 NAME 4.4 NAME 4.5 NAME 4	
STREET ADDRESS 1820 King at High evalu . 43 STREET ADDRESS	
CITY-ST-ZIP KARANDER FT. CHATTER (34744) 44CITY-ST-ZIP	
TITLE DELETE S.1 TITLE	Change Addi
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY - ST - ZIP	
	Change Addi
NAME 62 NAME	
STREEL ADDRESS 63 STREET ADDRESS	
CRY-S1-78 64 CRY-S	

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 eath; that I am an officer or director of the compristion 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 12 or Block 12 or or a value of the comprision of the comprision of the comprision of the compression o appears in Block 12 or Block J

SIGNATURE: