

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000010799 (2)

1. Corporation Name

ORIENT PUBLISHING, INC.

Principal Place of Business

300 COMMERCE WAY  
SUITE 400  
LONGWOOD FL 32750

Mailing Address

P.O. BOX 150067  
ALTAMONTE SPRINGS FL 32715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

4. FEI Number

59-3230471

Applied For

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

21 1320 Carlton St

Suite, Apt. #, etc.

22 City & State

23 Longwood, FLORIDA

24 Zip

32750

25 Country

SEMINOLE

2a. Mailing Address

26 P.O. Box 150067

Suite, Apt. #, etc.

27 City & State

28 Altamonte Springs, FL

29 Zip

32715

30 Country

SEMINOLE

9. Name and Address of Current Registered Agent

MARTHA, LITA A  
7523 ALOMA AVE, STE 108  
WINTER PARK FL 32782

10. Name and Address of New Registered Agent

81 Name

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

1320 Carlton Street

83 City

Longwood

FL

85 Zip Code

32750

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

Signature by registered agent (if registered agent and title of applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MARTHA, LITA A  
STREET ADDRESS 1320 CARLTON ST.  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME D GROGAN, BETTY  
STREET ADDRESS 3080 CLEMSON ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D GONZALES, PEDRO M  
STREET ADDRESS 1830 KINGS HIGHWAY  
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 addition.

SIGNATURE

Art. Ch. Martin

CR2E034 (10/97)