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

CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24 1998 8:00am Secretary of State

	MENT # P9400 ORDANCE, INC.	00027744 (9)		
Principal Place of Business 1900 SUMMIT TOWER BLYD. SUITE 800 ORLANDO FL 32810		Mailing Address 1900 SUMMIT TOWER SUITE 800 ORLANDO FL 32810	BLVD.	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
				04/08/1994	
2. Principal Pl	ace of Business	28. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City P. Stole			Fee Required
City & State	,	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
190 SU	rt, Bonnie J 00 Summit Tower Blvd. He 800 Hando Fl 32810		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
				rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	L T T
12.	Signature, typed or printed name of registered at OFFICERS At	ND DIRECTORS	DTE: Registered Agent signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	U CURRY IAMES B	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	CURRY, JAMES P 1900 SUMMIT TOWER BLVI	n	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810	- .	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		D OLCLIE	3.1 TITLE 3.2 NAME		C Cuange L3 Adomon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZiP	······································	
TITLE		L_J DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		,
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-2IP 6.1 TITLE		Change Addition
NAME		===================================	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	ortify that the information europlied	with this filing dogs not avalify		n Section 119 07/33/i) Florida Statutes I further u	cortify that the information

Thereby certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 change it, or an attachment with an address.