

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

APPROVED
AND
FILED

95 JUL -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000046834 (5)

1. Corporation Name

OLDE ORLANDO REALTY, INC.

Principal Place of Business

**955 W LANCASTER RD. 427
ORLANDO FL 32809**

Mailing Address

**955 W LANCASTER RD. 427
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3249235 06-01-95

Applied For

☐ Not Applicable

State Apt # etc

State Apt # etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Do you have a foreign parent?

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for advertisement under s. 110.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINKBEINER, FRANK G
105 E ROBINSON ST. 301
ORLANDO FL 32801**

81 Name

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

Signature of person named as registered agent and the corporation

Signature of Registered Agent (signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS, DIRECTORS, OR REGISTERED AGENTS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
FENDER, RICHARD A
955 W LANCASTER RD, 427
ORLANDO FL 32809**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
PRATT, TINA M
955 W LANCASTER RD, 427
ORLANDO FL 32809**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it 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 registered or limited company to be included in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached statement with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF PERSON SIGNING OFFICER OR DIRECTOR

June 29, 1995
6-29-95 (401) 895-0204
Type Name Here

CR2E034 (3/95)