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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400062073

ORLANDO CONNECTION, INC.

Principal Place of Business

Mailing Address

8011 GILLETTE COURT ORIANDO FL 32836

8011 GILLETTE COURT ORLANDO FL 32836

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90069 049 ***150.00



SILANDO I E O						DO NOT WRITE IN THIS SPACE	Ε			
	•					3. Date Incorporated or Qualifed				
•						08/23/1994				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Appl	ied For		
1497/						59-3274254	Not /	Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8	.75 Ad	ditional		
				5. Certifcate of Status Desired Fee R						
City & State City & State						6. Election Campaign Financing 5.00 May Be				
		⊢ '				·	dded to	- 1		
Zip Country Zip				Country		8. This corporation owes the current year Intangible				
Zip 347		·	_			Personal Property Tax.]No →		
4 341		29 3	<u> </u>			10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81	Name	TO, Marile Bild Abbreas of New Moglotolog Agent	<u> </u>			
DAIV	A, PRATAP			Name						
	•			82 Street Address (P.O. Box Number is Not Acceptable)						
	GILLETTÉ COURT									
OHD	ANDO FL 32836			83						
				84	Cibr	85	Zip Co	ode '		
				34	City	* . FL *	- P OC	~~ 		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	, the al	bove-	named corpo	pration submits this statement for the purpose of chang	ing its re	gistered		
office or re	egistored agent or both in the State o	t Florida. Such change was aut	nonzea	וז עס נ	ne corporation	n's board of directors. I hereby accept the appointmen	t as regi	stered		
agent. I a	m familiar with, and accept the obligati	ons or, Section 607.0505, Fioric	ล อเสแ	utes.						
SIGNATURE	=	BIOTE: B	naietorad	Acont	elanature required	when reinstating) DATE				
	Signature, typed or printed name of registered agent OFFICERS AND	<u> </u>	13.	and the state of t			RECTORS IN 12			
12.		DELETE	1.1 TR	n E			hange	Addition		
TITLE	D DATABA	_ beleic						_		
NAME	DAIYA, PRATAP M		1.2 NA							
STREET ADDRESS	8011 GILLETTE COURT		1.3 ST	REETA	ADDRESS					
C!TY-ST-ZIP	ORLANDO FL 32836		1.4 CF	TY-ST-	ZIP			— • • • • • • • • • • • • • • • • • • •		
TITLE		☐ DELETE	2.1 111	RΕ		Пс	hange	☐ Addition		
NAME			2.2 N	AME.						
STREET ADDRESS			2.3 ST	REET A	ADDRESS					
CITY-ST-ZIP		•	2.4 0	กy-st-	-71P					
TITLE		☐ DELETE	3.1 TI		-		hange	Addition		
1	İ	- :	3.2 NA			•				
NAME			•		ADDRESS					
STREET ADORESS					ADDRESS					
CITY-ST-ZIP			-	ITY-ST-	·ZIP		hange	Addition		
TITLE		☐ DELETE	4.1 TF		}	רות	nange			
NAME			4, 2 N	AME						
STREET ADDRESS		•	4.3 ST	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 Ti	TLE	T		hange	☐ Addition		
NAME			52 N/	AME						
STREET ADDRESS			5.3 ST	REET A	ADDRESS					
				TY-ST-	i					
CITY-ST-ZIP		☐ DELETE	6.1 TI			Па	hange	☐ Addition		
TITLE			6.2 N/			٦٠				
NAME			1							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 Cf	TY-ST-						
		4 1 CH 1 1 1 1 1 1 1 1 1		motic		action 110 07/3\(ii) Elorida Statutae I further certify the	at tha inf			

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 proporation 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 dranged, or on an attachment with an officer or the second statutes.

SIGNATURE: