FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAR -9 AM 7:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000065632 (9)

1. M & L ENTERPRISES OF ORLANDO, INC.

12905 LOUISANNA WOODS
ORLANDO FL 32824

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ORLANDO FL 32824

3. 09/06/1994

3a.

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4. FEI Number 59-3263378

Applied For

Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Limited Liability Limited Trust Fund Corporations ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTGOMERY, MARRYANNE
12905 LOUISANNA WOODS
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name

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

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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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTGOMERY, LYNN
STREET ADDRESS	12905 LOUISANNA WOODS
CITY-ST-ZIP	ORLANDO FL 32824
TITLE	STD
NAME	MONTGOMERY, MARRYANNE
STREET ADDRESS	12905 LOUISANNA WOODS
CITY-ST-ZIP	ORLANDO FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and complete and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the director or officer designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, as a director or officer with any blank.

SIGNATURE: 2-19-95 407-898-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0410220 FP