SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 16 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000065708 (7)

1. Corporation Name
GROUP 142 ORLANDO, INC.

REINSTATEMENT pbar

Principal Place of Business	Mailing Address
28 W CENTRAL BLVD. ORLANDO FL 32801	28 W CENTRAL BLVD. ORLANDO FL 32801

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: 08/15/1995
4. FEI Number: 71-[illegible]8321 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 W CENTRAL BLVD.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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] 12-2-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	☒ DELETE	1.1 TITLE	DPTS	☒ Change ☐ Addition
NAME	~~SILVESTRI, PAOLO~~		1.2 NAME	RONALD SCHWARTZ	
STREET ADDRESS	~~28 W CENTRAL BLVD.~~		1.3 STREET ADDRESS	2632 Mandan Trail	
CITY-ST-ZIP	~~ORLANDO FL 32801~~		1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	~~DVCT~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~SILVESTRI, GUSTAVO F~~		2.2 NAME		
STREET ADDRESS	~~9312 OLDE WHARF RUN~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINTER PARK FL 32789~~		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	D- Assistant Sec.	☐ Change ☒ Addition
NAME	WILLIAM, WARREN E		3.2 NAME		
STREET ADDRESS	28 W CENTRAL BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	200002033312--4	
STREET ADDRESS			4.3 STREET ADDRESS	-12/19/96--01017--003	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****375.00 ****375.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: [signature] PRINTED VP 10-16-96 407-425-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012201 CP