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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 08 1997 8:00am

Secretary of State

POCUMENT # P95000034389 (3)

I do hereby certify that the information supplied with this filing does he conformation indicated on this annual report or supplemental annual report I am an officer or director of the corporation or the receiver or trustee em appears in Block 12 or Block 13 if changed, or on an attachment with an

LOTUS PROPERTIES COMPANY OF CENTRAL FLORIDA, INC

•						8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address				· · · · · · · · · ·		BOYOR 4004 4004 6 1046 6	
200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432		200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3440		Date incorporated or Qualified	3a. Date of Last	Report	
					05/03/1995	05/01/1996	rioport .
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26					59-3321896	1	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
22					6 Facility Consider Figure 1		Required
23 28		⊢ ´	, otato		Election Campaign Financing Trust Fund Contribution		D May Be I to Fees
Zip	Country Zip		Countr	y	8. This corporation has liability for in	ntangible tax under	s. 199.032,
24	25 29 30		30		f'Iorida Statutes	Yes 🗶 No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
PEREZ, H.A. TICO							
200 SOUTH ORANGE AVENUE SUITE 2300			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	ANDO FL 32801-3432		83				
0110			84	City		85 Zip	Code
\$4 Durations	to the provisions of Continue CO7 0500	and CO7 1500 Stored Ctal	dee the elec-		and the substitute of the state		
11. Pursuant office or r	egistered agent, or both, in the State	of florida, Such change was	authorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing It the appointment a	s registered
_	m familiar with, and accept the obliga	mons of Section 607.0505, F	· Iorida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered ago	nt and title it applicable (NC	TE Registered Ag	ent signature requi	rod when reinstating)	DATE	
12.	OFFICERS AND	Committee of the second of the	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.F TOLE			Change	Addition
NAME	PEREZ, H.A. TICO	ALME SAAA	1.2 NAME				
STREET ADDRESS 200 SOUTH ORANGE AVENUE, SUITE 2300				1 ADDRESS			
CHTY-ST-ZIP	ORLANDO FL 32801-3432	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		Cal beccia	2.2 NAME			- Citalgo	THOMAS .
STREET ADDRESS				T ADDRESS			
City-St-ZiP			2.:4 CITY-				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.\$ STREE	T ADDRESS			
C/TY-ST-ZIP		- Decrease	3.4. CITY-	\$1-7IP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME OTREET ADDRESS			4. 2 NAME	T 4000000			
STREET ADDRESS City-St-Zip	<u> </u>		4.5 STRCE 4.4 CITY-	T ADDRESS			
TITLE			5.1 TITLE	51-217		Change	Addition
NAME			5.8 NAME			- *	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.₽ NAME				
STREET ADDRESS			6.8 STREE	T ADDRESS			

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the interpretable and that my signature shall have the same legal effect as if made under eath; that mp]wored to execute this report as required by Chapter 607, Florida Statutes; and that my name