PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF C	ORFORATIONS		
1. Corporation	MENT # P9500 RNET ORLANDO, INC.	00051657 (1)	1 12 8 11 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1	1311 88111 88181 91181 41818 81181 81111 1881 188
Principal Place	of Rueinage	Mailing Address			
18 CLAYMONT COURT S. 18 CLAYMONT COURT S.					
PALM COAST FL 32137 PALM COAST FL 32137					
				3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report
L	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	LACOSTA STREET	26 103 LACOSI	a street	59-3328089	Not Applicable
Suite, Apt. 4	R A	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	SOURNE BEACH, FL	City & State 28 MELBOUKNE	Reary D	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 MELBOURNE		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24 3299			Country 30 USA		Intangible tax under silfas.032, ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
				ddress (P.O. Box Number is Not Acceptat	- · · · · · · · · · · · · · · · · · · ·
5114 554 57 FT 4545				3 LACOSTA STREE	<u>et </u>
PALM	COAST FL 32137		83 7	3 A	
			84 City	1elbourne Beach	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05/32 a	and 607,1508, Florida Statutes.) I -		Those of changing its registered office
or register	ed agent, or both, in the State of Florida th, and accept the obligations of Section	Such change was authorized 607 0505. Florida Statutes	by the corporation's b	poration submits this statement for the pull oard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE	Janes Well			-	4/28/96
	Signature, typed or printed name of registered agent as		Degreed Agent's grature req		DATE
12.	OFFICERS AND	DIFIE CTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME	TINSLEY, JAMES W JR	[] DECER	1 1 TITLE		Change 🔲 Addition
STREET ADDRESS	18 CLAYMONT CT. SOUTH		1.2 NAME 1.3 STREET ADDRESS	103 LACOSTA STREE	r # 3A
CITY - S1 - ZIP	PALM COAST FL 32137			MELBOURNE BEACH	·
TITLE	SD	[] DELETE	2 1 TITLE	, DEACH	Change Addition
NAME	TINSLEY, MARY P	<u></u>	2.2 NAME		
STREET ADDRESS	18 CLAYMONT CT. SOUTH		2 3 STREET ADDRESS	103 LACOSTA STRE	EET #3A
CITY-ST-ZIP	PALM COAST FL 32137		2.4 C(TY-ST-Z)P	MELBOURNE BEAC	H, FL 3295/
TITLE		DELETE	3 1 TITLE	:	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DECETE	3 4 CITY - ST - ZIP 4. 1 TITLE		Change Cl Addition
NAME		L., DECERE	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST- ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE: S

NAME

STREET ADDRESS

CITY-ST-ZP

SNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

4/28/96 (407)227.9753