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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P95000057622 (9)

ORLAND(	O DIRECT INC.	(0)		) 		
Principal Place of Business 8100 CHANCELLOR DRIVE SUITE 150 ORLANDO FL 32809		Mailing Address 8100 CHANCELLOR DRIVE SUITE 150 ORLANDO FL 32809-7664				
				<ol> <li>Date Incorporated or Qualified 07/26/1995</li> </ol>	<b>3a.</b> Date of Last Report <b>04/26/1996</b>	
1	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21   Suite, Apt =	#, etc.	Suite, Apt. #, etc.		59-3329163	Not Applicable \$8.75 Additional	
22		27	,,	5. Certificate of Status Desired	Fee Required	
City & State	n	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability to Florida Statutes	r intangible tax under s. 199.032, ☐ Yes XNo	
	9. Name and Address of Curren		81 Name	10. Name and Address of New R	egistered Agent	
TAMI  11. Pursuant to office or reagent har SIGNATURE	a war	2/2	8177_	ampa corporation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
12.	Signature, typen or purited name of mystered age OFFICERS ANI		E Registered Agent signature 13.	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
THLE	D	DELETE	1.1 TITLE	Kevin Tucker	Change Addition	
NAME STREET APDRESS ONY: ST- ZIP	TUCKER, MARK 8100 CHANCELLOR DRIVE, SU ORLANDO FL 32809	/ ИТЕ 150	1.2 NAME 1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP	PAID SUC. CK#1311	1600 SOUTE/20	
THE THE	D	DELETE	2.1 TITLE	TAID 340. O 41 1311	Change Addition	
NAME	TUCKER, KEVIN	MTF 480	2.2 NAME			
STREET ACORESS	8100 CHANCELLOR DRIVE, SU ORLANDO FL 32809	AIE 190	2.3 STREET ADDRESS 2.4 CHTY-ST-ZIP			
City - S1 - ZIP Title	O(IDAIDO I C GCGGG	DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-SI-Zet		DELETE	3.4. CITY-ST-ZIP		Change Addition	
T TLE NAMI		□ nere ig	4 1 TITLE 4 2 NAME		Fin Angula Fin Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIF			4.4 DITY-ST-ZIP			
TIFLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STPELT ADDRESS			5.3 STREET ADDRESS			
CITY+ST-7IP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP	1000		
THE THE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZiP	ov cortify that the information complied	d with this fillion does not avail	6.4 CHY-SI-ZIP	tated in Section 119.07(3)(i), Florida Statu	tes. I further certify that the	
informatio f ani an o' appears i	on indicated on this annual report or s flicer or director of the corporation of in Block 12 or Block 13 if changed	supplicroental angual report is	true and accurate and	at that my signature shall have the same let report as required by Chapter 607, Florida	gal effect as if made under oath; that Statutes; and that my name	
SIGNAT	URE:	PROJED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date	3~5078 Dayline Finane #	