FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA **DEPARTMENT** OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000060829 (5)

ORLANDÓ WORLD DEVELOPMENT CORP.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
725 MAGNOLIA AVENUE	725 MAGNOLIA AVENUE				
ORLANDO FL 32903	ORLANDO FL 32803			DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified	
<u> </u>				08/07/1995	Ì
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3335720	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
Oibu & Clate	City & State				Fee Required
City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Coun	trv	This corporation owes or has paid the current	
24 25	├ ─ '	30			Yes No
9. Name and Address of Currer				10. Name and Address of New Registered A	
STONE, STEPHEN M		8	Name		
725 N. MAGNOLIA AVENUE		la la	32 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32803					
		[6	13		(
.		ē	4 City		85 Zip Code
				<u> </u>	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	of Florida. Such change was at	uthorized	by the corpora	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appo	changing its registered intment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statul	tes.		-
SIGNATURE Signature, typed or printed name of registered age	and title if poplicable (NOTE	Registered 6	oent signature requi	used when reinstating) DATE	
	D DIRECTORS	13.	gott big talant rodg	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE PD	☐ DELET E	1.1 TITL	E		Change
NAME ANDESRÓN, ROGER L		1.2 NAM	iE .		
STREET ADDRESS 725 MAGNOLIA AVENUE		1.3 STRE	EET ADDRESS		ĺ
CITY-ST-ZIP ORLANDO FL 32803		1.4 CITY	-ST-ZIP		
TITLE	☐ DELETĒ	21 TiTL	I	ι	Change Addition C
NAME		2.2 NAM			
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP	DELETE		Y-ST-ZIP		Change Addition
TITLE NAME		3.1 TITLI 3.2 NAM	1	ľ	T overige T variffoli
STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		ĺ
TITLE	DELETE	4.1 TITLE			Change Addition
NAME	 -	4. 2 NAN		-	
STREET ADDRESS			ET ADDRESS		
OTTY-ST-ZIP =		4.4 CITY			
TITLE	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAM	E		
STREET ADDRESS		5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		5.4 CITY	-ST-ZIP		
TITLE	DELETE	6.1 TITLE		T	Change Addition
NAME		6.2 NAM			
STREET ADDRESS		6.3 STRE	ET ADDRESS		1
CITY-ST-ZIP		6.4 CITY	-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged or on an attachment with an address.