

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068118 (5)

1. Corporation Name

ORLANDO HOMES ONE, INC.



Principal Place of Business

Mailing Address

897 CUTLER RD.
LONGWOOD FL 32779

897 CUTLER RD.
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 32779-3525 25

29 32779-3525 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

4. FEI Number

59-334 1079

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

10. Name and Address of New Registered Agent

81 Name

PHILIP R. WALTERS

82 Street Address (P.O. Box Number is Not Acceptable)

897 CUTLER ROAD

83

84 City

LONGWOOD

FL

85 Zip Code

32779-3525

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

Philip R. Walters

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WALTERS, PHILIP R
STREET ADDRESS 897 CUTLER RD.
CITY-ST-ZIP LONGWOOD FL 32779

DELETE

TITLE D
NAME WALTERS, ROBERT P
STREET ADDRESS 897 CUTLER RD.
CITY-ST-ZIP LONGWOOD FL 32779

DELETE

TITLE D
NAME DEAN, CLINTON G
STREET ADDRESS 897 CUTLER RD.
CITY-ST-ZIP LONGWOOD FL 32779

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECTY, & DIR
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE VICE-PRES & DIR.
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE VICE-PRES & DIR.
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Philip R. Walters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP R. WALTERS

4/25/96

DATE

(407)
788-2182

DAYTIME PHONE #

CR2E034 (12/95)