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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500069025 (1)

**ORLANDO DISPLAY COMPANY** 

Principal Place of Business Mailing Address							11 <b>BB11B B161B 18</b> 611			
49 DRENNEN RD 49 DRENNEN RD ORLANDO FL 32806 US US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 09/05/1995				
2. Principal Place of Business 2e. Mailing Address						4. FEI Number		T TAI	pplied For	
21		26			59-3330763		-	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u> </u>	<del></del>	Additional	
22		27				5. Certificate of Status Desired			equired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country	Zip	Countr	У		8. This corporation owes or has pa		• -		
24	25 29 30 30 30 30 30 30 30 30 30 30 30 30 30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent						
	<del></del>	nt Hegistered Agent	81	77	Name	10. Name and Address of New He	gistered Agei	н		
	SSIRE, HARLIN E JR									
	E. SMITH ST		82 Street Add			ss (P.O. Box Number is Not Acceptab	le)			
ONI	LANDO FL 32801		83	3						
1			ļ_	1				T ===		
			84	<b>¹</b>   '	City		FL  85	i Zip	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida. Such change was	s authorized b	ov th	named corpor ne corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of cha of the appointr	nging it nent as	ts registered registered	
SIGNATURE	,									
SIGNATIONE	Signature, typed of printed name of negetimed ad-	ent and title if applicable (NC	OTE: Registered Ag	jent s	signature required	when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	L] DELETE	1.1 TITLE					Change	Addition	
NAME	<b>B</b> ESSIRE, HARLIN E JR		1.2 NAME							
STREET ADDRESS	723 E. SOUTH STREET		1.3 STREE							
CITY-ST-ZIP			1,4 CITY -		ZIP			Change	Addition	
TITLE			2.1 TITLE		1		ш	Change	Addition	
NAME Street address	723 E SOUTH STREET		2.2 NAME		NODECC					
	ORLANDO FL		2.3 STREE							
CITY-ST-ZIP TITLE				2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
NAME	MITCHELL, LORRAINE G		3.2 NAME		İ					
STREET ADDRESS	\$405 FINCH ST		3 3 STREE		IDRESS					
CITY-ST-ZIP	ORLANDO FL		3 4. CITY							
TITLE		DELETE	4 1 TITLE					Change	Addition	
NAME			4. 2 NAMI	-	1					
STREET ADDRESS			4.3 STREE	T ADI	ORESS					
CITY-ST-ZIP			4.4 CITY -	ST-Z	ZIP					
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADI	ORESS					
CITY-ST-ZIP			5.4 CITY -	ST-Z	<u>/IP</u>					
TITLE		☐ DELETE	6.1 THTLE				□ (	Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADI	DRESS					

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 changer, or on an attachment with an address.