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PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000003163 (8)

4201 ORLANDO, INC.

FILED May 06 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 3691 S.R. 580 #H OLOSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3355373 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 23 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
3691 S.R. 580
City & State Country Zip
3. Date Incorporated or Qualified 01/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3355373
2
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26 59-3355373 Not Applicable Suite, Apt. #, etc. 27 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing Francing Frust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Suite, Apt. #, etc. 27 City & State City & State City & State Country Zip Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi
City & State City & State City & State City & State 28 Country Ref Required Fee Required Fee Required Fee Required S. Election Campaign Financing Added to Fees Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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24 25 29 30 Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
JOHNSON, KEITH 81 Name
2801 S.P. RED. LIMIT H
OLDSMAR FL 34677 82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL o tap seed
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 of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of changing its registered by the corporation of the purpose of th
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
Signature, typed or printed name of registered agreed and title if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition
NAME JOHNSON, KEITH R.E. 12 NAME
STREET ADDRESS 5770 ROOSEVELT BLVD., SUITE 500 13 STREET ADDRESS
CITY-ST-ZIP CLEARWATER FL 34820 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2. 4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
*** I WILL
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3V(). Florida Statutes Lifetiber certify that the information

Indicated on this annual report or 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 changed, or on an attachment with an address.

4/20/78