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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF S

Sandra B. Matham

Secretary of State

DIVISION OF CORPORATIONS

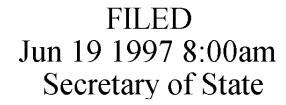
1997

POCUMENT # P96000017940 (3)

DOWNTOWN MANAGEMENT OF ORLANDO, INC.

Principal Place of Business

Mailing Address





1520 EAST AM ORLANDO FL		1520 EAST AMELIA STREET ORLANDO FL 32803-5407			. ·		
					3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	r
	Sthoranse	26 1 South Orange			59-3363900	Not Applica	
Suite, Apt. 22 # 300	4	Suite, Apt. #, etc. 27 47 304			5. Certificate of Status Desired	\$8.75 Additional Fee Required	1
City & State 23 <b>Or1</b> 0	ndo H	1-1 0 0 0 0 0	41		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3260	Country 25 US 9. Name and Address of Current		Count 30 (	<u>(</u> S	···	'es 🗌 No	<u>'</u> ,
	10. Name and Address of New Regis	tered Agent					
	RPORATION SERVICE COMPANY		8	1 Name			
1201 HAYS STREET			8	2 Street	Address (P.O. Box Number is Not Acceptable)		
IALI	LAHASSEE FL 32301-2525		8	3			
			ä	4 City		<b>85</b> Zip Codo	
						FL   1	ļ
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statute	s, the abo	ve-named	corporation submits this statement for the purporation's board of directors. I hereby accept the	oose of changing its register	red
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statut	es.	polation a board of directors. Thereby accept the	ic appointment as registere	
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AND	A	Registered /	gent signature	c required when remstating)  ADDITIONS/CHANGES TO OFFICEF	DATE C AND DIRECTORS IN 10	
TITLE	PSTD	DELETE	1.1 1111		ADDITIONO/OFFANGES TO OFFICE	Change Addi	ition
NAME	NEJAME, MARK E		1.2 NAM		.,	•	
STREET ADDRESS	1520 E. AMELIA STREET			ET ADDRESS	1 South Orange # 30 Orando, 21 32801	4	į.
CITY-ST-ZIP	ORLANDO FL 32803			-S1-ZIP	103CE 15 abroad		
TITLE			2.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change Addit	ition
NAME			2.2 NAM	E	·		
STREET ADDRESS			2.3 S1RE	et address			
CITY-ST-ZIP				-ST-ZIP			
TITLE	☐ DELETE 3		3.1 7/11			☐ Change ☐ Addi	ition
NAME			3.2 NAM	Ē			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		Briete		- \$T- ZIP			
TITLE		DELETE	4.1 TITLE			Change Addit	tion
NAME OTRICET APPRICACE			4. 2 NAM				
STREET ADDRESS				E1 ADDRESS		•	
CITY-ST-ZIP TITLE		DELETE	4.4 C(1Y 5.1 1(T)			Change Addit	ition
NAME			5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 C(1)Y				
TITLE	\ <u>\</u>	DELETE	6 1 TITLE	_		Change Addit	ition
NAME			6.2 NAM	Ē		•	
STREET ADDRESS	\ \frac{1}{2}			e1 address			
CITY-ST-ZIP	Maria de la companya		6.4 CITY				
44					1. 1. 0		

4. I do hereby certify that the information supplied with this filling 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 eath; 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.

OLONIATURE. March S

ack SIGNATURIVE CENTY

N-28-97 407-425-1236