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FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000024774 (7)**

1. Corporation Name

~~SKANVEST PARTNERS INC.~~
Real Estate Partners of Orland, Inc. 12/27

Principal Place of Business	Mailing Address
5111 SOUTH ORANGE AVENUE ORLANDO FL 32809	5111 SOUTH ORANGE AVENUE ORLANDO FL 32809-3039

Name Chg

3. Date Incorporated or Qualified: 03/19/1996	3a. Date of Last Report:
4. FEI Number: 59-3373624	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~
Previously Changed

10. Name and Address of New Registered Agent

81 Name: Lenny Layland
82 Street Address (P.O. Box Number is Not Acceptable): 5111 S. Orange Ave.
83 City: Orlando, Fl. 32809
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	PTD ☒ Change ☐ Addition
NAME	LAYLAND, LENNY L	1.2 NAME	Layland, Lenny L
STREET ADDRESS	5111 SOUTH ORANGE AVENUE	1.3 STREET ADDRESS	5111 South ORANGE Avenue
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	Orlando, Fl. 32809
TITLE	☐ DELETE	2.1 TITLE	SD ☐ Change ☒ Addition
NAME		2.2 NAME	Layland, SHIRLEY
STREET ADDRESS		2.3 STREET ADDRESS	5281 SKelly Square
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, Fl. 32812
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	MARRIOTT, Patricia
STREET ADDRESS		3.3 STREET ADDRESS	6557 GIBSON DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, Fl. 32809
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Lamanna, Justin
STREET ADDRESS		4.3 STREET ADDRESS	25128 Quaker Ridge Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MT. Plymouth, Fl. 32776
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Reeves, Tomm
STREET ADDRESS		[redacted]	~~P.O. Box 619503~~ 4603 W. COLONIAL DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, Fl. 32808
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002205518
STREET ADDRESS		6.3 STREET ADDRESS	-06/09/97--01057--013
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***173.75

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [redacted] 4/25/97 (407) 826-4000