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

Mailing Address
12612 KIRBY SMITH ROAD

ORLANDO FL 32832-6121

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

12612 KIRBY SMITH ROAD ORLANDO FL 32632



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

		<del></del>
DOCUMENT 1. Corporation Name	#	P960000302

ORLANDO LANDWORKS, INC.

59-33854 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country 2<sub>ip</sub> Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURMAN, DEAN K 12598 KIRBY SMITY ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32932 83 City 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. Beuce A. Kellam gent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. PROS. DELETE 1.1 TITLE Change Addition TITLE 1.2 NAME R2E034 Bruce A. Kellaw NAME 12612, Kirby Smith Rd. 1.3 STREET ADDRESS STREET ADDRESS orlando Pl 1.4 City-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 400 CITY - \$1 - 7IP 2 4 CITY - ST - ZIP DELETE Change Addition 31 TOTE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-\$1-7(P) DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 2/P CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 T∦TLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 eath; that I am an officer or director of the coordination 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

SIGNATURE: Dual Multiple

2/3/97

**FILED** 

Feb 11 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

407 38/0077