

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

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072479
1. Corporation Name

ORLANDO HOMES, INC.

Principal Place of Business Mailing Address
255-Hidden-Springs-Circle
Kissimmee, FL-32474--

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
31 Suite Apt. #, etc		29 P.O. Box 747		8/30/96		8/30/96	
32 City & State		27 Suite Apt. #, etc		4. FEI Number		Applied For	
33 Zip		28 City & State		59-3417140		Not Applicable	
34 Country		30 Loughman, FL		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
35 Zip		31 33858		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
36 Country		32 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Corporation Company of Miami 201 S. Biscayne Blvd. 1500 Miami Center Miami, FL 33131				81 Name Bhaskar M. Patel			
				82 Street Address (P.O. Box Number is Not Acceptable) 7807 Turkey Oak Lane			
				83			
				84 City Kissimmee			
				85 State FL			
				86 Zip Code 34747			

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE		11. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. TITLE		12. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. TITLE		13. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
14. TITLE		14. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
15. TITLE		15. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
16. TITLE		16. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
17. TITLE		17. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
18. TITLE		18. TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), Florida Statutes. I further certify that the information provided 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. I am an officer or director of the corporation or a 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 in an amendment with an address.

SIGNATURE:

Bhaskar Patel, Director

Signature typed or printed name of signing officer or director

Date

Type/Print Name