

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000073068

1. Corporation Name

Dis IS-IT of Orlando, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
September 4, 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 677 Wilmer Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Orlando, FL

28

Zip

Country

Zip

Country

24 32808

25

29

30

4. FEI Number

59-3465982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. 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

81 Name Maurice Robinson

82 Street Address (P.O. Box Number is Not Acceptable)

1999 W. Colonial Drive

83 Ste. 107

84 City Orlando

FL

85 32804

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Shela Fuller
677 Wilmer Avenue
Orlando, FL
☐ DELETE D/P

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
000002296100-7
-09/17/97-01103-011

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
***165.00 ***165.00
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3.1 TITLE
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3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addit

4.1 TITLE
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addit

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addit

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. 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:

Shela Fuller

8-8-97

FILED

97 SEP 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA