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FILED

Feb 11 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 # P96000076383 (4)

1. Corporation Name  
ORRIS, INC.



Principal Place of Business

Mailing Address

337 OAK ESTATES DRIVE  
ORLANDO FL 32806

337 OAK ESTATES DRIVE  
ORLANDO FL 32806-6242

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

PATTISAPU, JOGI  
337 OAK ESTATES DRIVE  
ORLANDO FL 32806

3. Date Incorporated or Qualified

3a. Date of Last Report

09/11/1996

4. FEI Number

55-3399586

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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 D DELETE

NAME PATTISAPU, JOGI  
STREET ADDRESS 337 OAK ESTATES DRIVE  
CITY-ST-ZIP ORLANDO FL 32806

1.1 TITLE D, P, V, T, S Change Addition

TITLE D DELETE

NAME PATEL, SHAILESH  
STREET ADDRESS 4108 SUMMERWIND DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE Change Addition

TITLE DELETE

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE DELETE

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE DELETE

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

TITLE DELETE

NAME Change Addition

STREET ADDRESS Change Addition

CITY-ST-ZIP Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/97

407-843-3561

CR2E034 (9/96)