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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000078629 (8)**

1. Corporation Name
ORANGE AVENUE OFFICE CENTER, INC.

Principal Place of Business	Mailing Address
ONE SOUTH ORANGE AVENUE #500 ORLANDO FL 32801	ONE SOUTH ORANGE AVENUE #500 ORLANDO FL 32801-2619

3. Date Incorporated or Qualified: 09/23/1996
3a. Date of Last Report:
4. FEI Number: 59-3401607 [ ] 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 [X] 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRICE, PAMELA O
201 EAST PINE STREET #1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	[ ] DELETE
NAME	MEITIN, ROSS	
STREET ADDRESS	ONE SOUTH ORANGE AVENUE #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	[ ] DELETE
NAME	MEITIN, JULIAN	
STREET ADDRESS	ONE SOUTH ORANGE AVENUE #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	[ ] DELETE
NAME	KATZEN, MARC	
STREET ADDRESS	ONE SOUTH ORANGE AVENUE #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	[ ] DELETE
NAME	MORRIS, LESTER	
STREET ADDRESS	ONE SOUTH ORANGE AVENUE #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	[ ] DELETE
NAME	COLACHICCO, DAN A	
STREET ADDRESS	ONE SOUTH ORANGE AVENUE #500	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 added or deleted with an address.

SIGNATURE: DAN A Colachicco President 4/19/97 407-206-7200