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

Profit Corporation ' Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084426 (1) 1. Corporation Name

OVIEDO PLAZA, INC.

Principa' Plac	e of Business	Mailing Address		i faatlaas isa ihina aliist bahii aasii aasii aasii sahii askii askii askii askii askii sahii saal
7829 GREENBR ORLANDO FL S		7629 GREENBRIAR PKWY ORLANDO FL 32819-8926		
OHLANDO PL	32019	OUTWIND LT 25019-0350		
				3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1998
	lace of Business	2a. Madis Address rov	Veet Blud	4. FEI Number Applied For
6355 MetroWest Blvd.		Suite, Apt. Suite	720 DIVU.	59 - 3407465 Not Applicable
Suite, Apt. #, et <b>Suite 330</b> 22  City & Orlando, Florida 32835		27 Orlando, Florida 32835 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required
				6. Election Campaign Financing \$5.00 May Be
23	_	28		Trust Fund Contribution Added to Fees
Z <sub>(</sub> )	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes X Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
ROSSMAN, NANCY A			B1 Nar	"BOSSMAN, NAMCY A.
7829 GREENBRIAR PKWY			<b>82</b> Stre	eet Address (2.0. Box Number is Not Acceptable) (
ORL	ANDO FL 32819	•	<u> </u>	
			83	Suite <b>330</b>
			84 City	y Orlando, Florida 32835 FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statu	tes the above-nan	ned corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State	e of Florida. Such change was	authorized by the	corporation's board of directors. I hereby accept the appointment as registered
		jations de Section 007.0005, F	Onda Statutes.	213197
SIGNATURE	Slocalure Typed or printed name of registered ag	ent and title if applicable (NO	E: Registered Agent sign	nature required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1iT, <b>E</b>	D	DELETE	1.1 TITLE	Change Addition
NAME	ROSSMAN, NANCY A		1.2 NAME	ROSSHAN NANCY A
STREET ADDRESS	7829 GREENBRIAR PKWY		1.3 STREET ADDRE	
CHTY - ST - ZIF	ORLANDO FL 32819	- Arter	1.4 CITY-ST-ZIP	prando, 191 32835
TITLE	0	DELETE	2.1 TITLE	200 KERNAN, Gregg LAddition
NAME	ZUCKERMAN, GREGG		2.2 NAME	Control of the contro
STREET ADDRESS	1600 N. ORANGE AVE.		2.3 STREET ADDRE	note who the second
CITY - S1 - ZIP	ORLANDO FL 32804	DELETE	2.4 CITY-ST-ZIP	VOID Detrange Addition
TITLE NAME	D MCGEE, THOMAS	C) precit	3.1 TITLE 3.2 NAME	
STREET ADDRESS	1600 N. ORANGE AVE.		3.2 NAME 3.3 STREET ADDRE	
CITY ST-ZIP	ORLANDO FL 32804		3.4. CITY-ST-ZIP	flags 10 Mas and 11
1/1/E	D	DELETE	4.1 TITLE	
NAME	ROSSMAN, RUTH J		4. 2 NAME	ROSSMAN, KOTH J 1 C -22
STREET ADDRESS	7829 GREENBRIAR PKWY		4.3 STREET ADDRE	ROSSIAN ROTH J BUD Suive 330
CITY-S1-7IP	ORLANDO FL 32819		4.4 CITY - ST - ZIP	Oriando, 121 32835
ant		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ESS .
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TILLE		DECETE	6.1 TITLE	☐ Change ☐ Addition
NAME:			6.2 NAME	
STREET ADDRESS			6.3 STREFT ADDRE	ESS

6.4 CITY-ST-ZIP

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.

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