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 # P96000088781 (5)

ORLANDOO APARTMENTS, INC.

Principal Place of Business Mailing Address

225 SOUTH WESTMONTE DRIVE

225 SOUTH WESTMONTE DRIVE



97 JUN 24 AM 9: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA.



SUITE 3020 ALTAMONTESPRINGS FL 32714	ALTAMONTESPRINGS FL S	32714-4218		
יים פיי אשנוונו ועמונושאינים פיים אינים	THE PERSON NAMED IN THE PE	रकार दे उक्तर च	3. Date Incorporated or Qualified 10/29/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 •	26		1 59-345 2513	Not Applicable
* Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		9. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	
24 25	29	30	· · · · · · · · · · · · · · · · · · ·	Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
HALL, DAVID W		81 Name T	OSEPH E. WHI	TAKER
225 SOUTH WESTMONTE DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptab	PAICE IC
· SUITE 3020		1/501	ess (P.O. Box Number is Not Acceptab	
ALTAMONTESPRINGS FL 32714		83		
		84 City		85 Zip Code
_		/		- FL
11. Pursuant to the provision: 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 Short changing its registered by the corporation's board of directors, hereby accept the appointment as registered agent. I am fapilities with and accept the obligations of Sporio Conference.				
SIGNATURE Signature Type Cov print on nanicolar printered	William	· Rog stered Agent signature require	ed whon resistating)	DATE
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE D	DELETE	11 THILE		Change
NAME LUBIN, LAWRENCE		1.2 NAME	make the second to the second	The state of the s
STREET ADDRESS 225 SOUTH WESTMONTE		1.3 STREET ADDRESS	ອບບບບູລະ:	787 07009 024 5 8
CITY-ST-ZIP ALTAMONTESPRINGS FL 3	2714	1.4 CITY - S1 - ZIP		/31~~01003~~0E. 25 00 ****165 80 0
TITLE	DELETE	2.1 TITLE	त्रव्यक्तिक है।	55.00 *****165.00 6 Change Addition 6
NAME		2.2 NAME		ĺ
STREET ADDRESS		2.3 STREET ADDRESS		l
CITY-ST-ZIP		2.4 C(TY-ST-Z(P		
TITLE	☐ OFL€TE	3 1 TITLE		, Change Addition
NAME		3.2 NAMÉ	:	<i>*</i> ;
STREET ADDRESS		3.3 STREET ADDRESS		1
CITY-SI-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME &		4. 2 NAME		(
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-Z#P		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	1 0	
CITY-SI-ZIP		5.4 CITY - ST - 2IP	11. (11A	W
TITLE	DELETE	G.1 TITLE	Q. ALA	Change Addition
NAME		6.2 NAMÉ	1,12,1	100
STREET ADDRESS		6.3 STREET ADDRESS	4/4/	147
CITY-ST-ZIP		6 4 CITY-ST-ZIP	' '/	()
14. I do hereby certify that the information supp	blied with this filing does not qualify		Lin Section 119 07(3)(i) Florida Statutes	Lifurther 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 eath; 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.