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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000090854 (6)

ORCA ENTERPRISES, INC.

Principal Place of Business Mailing Address 3411 S.W. 20TH STREET 3411 S.W. 20TH STREET FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312-3667 Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996 2a. Mailing Address 4. FEI Number X Applied For 2. Principal Place of Business P.O. BOX 596 26 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Florida 23 Dania Trust Fund Contribution Added to Fees Country Country Zφ Zip This corporation has liability for intangible tax under s. 199.032, Yes X No USA Florida Statutes 24 25 29 33004-0596 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Robert ADAMS, AMY Robert B. Halleran Street Address (P.O. Box Number is Not Acceptable) 3411 S.W. 20TH STREET 82 FT LAUDERDALE FL 33312 1250 East Hallandale Brach Blro 83 City Hallandale Zip Code 33009 **B4** of 5 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis office or register rted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D DELETE Change 1.1 TITLE Prasident Director THE ADAMS, AMY ANY Y. ADAMS NAME 12 NAME 3411 S.W. 20TH STREET 3411 SW 20 Street STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERADLE FL 33312 lauderdale, FL 33312 1.4 CITY-ST-ZIP CITY ST-ZIF **Addition** DELETE Change THTLE 2.1 THILE Vide Aresidentl Director NAME 2.2 NAME Patrick L. ADAMS 34/11 SW DO Street 2.3 STREET ADDRESS STREET ADDRESS Lauderdale FL 33312

6.4 CITY-ST-ZIP 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

2. 4 CITY - ST - ZIP

**3.3 STREET ADDRESS** 

34. CITY-ST-ZIP

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Secretary of State

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