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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000090854 (6)

**ORCA ENTERPRISES, INC.** 

FILED Feb 02 1998 8:00am Secretary of State



Disasted Plans of Durings						
Principal Place of Business Mailing Address						
3411 S.W. 20TH STREET P.O. BOX 50						
FT LAUDERDALE FL 33312		DANIA FL 33004-0596 US				DO NOT WRITE IN THIS SPACE
		00				3. Date Incorporated or Qualified
						11/01/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-072 3854 Applied For
21		26				APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				S8.75 Additional
22		27				5. Certificate of Status Desired
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.  Yes No
	9. Name and Address of Currer	nt Registered Agent		81	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent
HA	HALLERAN, ROBERT B.				Name	
12	50 E. HALLANDALE BEACCH BL	.VD.	<b>82</b> Str			ess (P.O. Box Number is Not Acceptable)
#9	01	1				
HA	ILLANDALE FL 33007			83		
			ŀ	B4	City	85 Zip Code
			1			FL   S   Z   D O O O O
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 regist						
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 renstating)						
12.		D DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1111	1 1 TITLE		L_J Change L_I Addition
NAME	ADAMS, AMY		12 NAME		•	
STREET ADDRESS	3411 S.W. 20TH STREET		13 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			1.4 C(T	1.4 C(TY-ST-Z)P		
TITLE			21 TIT	21 TITLE		, L_  Change
NAME	adams, Patrick L		2 2 NA	2 2 NAME		
Street address	3411 SW 20TH ST.		23 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2 4 01	2 4 CITY-ST-ZIP		
TITLE	DELETE			31 TITLE		Change Addition
NAME			3 2 NA	3 2 NAME		
STREET ADDRESS	REET ADDRESS		3.3 STREFT ADDRESS		ADDRESS	
CITY-ST-ZIP			3.4. CI	3.4. CITY - ST - ZIP		
TITLE	DELETE 4.1		4.1 TIT	4.1 TITLE		Change Addilion
NAME			4. 2 NA	AME		
STREET ADDRESS			4.3 STE	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	4.4 CITY - ST - ZIP		
TITLE			5.1 TiT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	5		5 4 CIT	5 4 CITY-ST-ZIP		
TITLE	DELETE		6.1 717	6.1 TITLE		☐ Change ☐ Addition
NAME	* 4		6.2 NA	Μŧ		
STREET ADDRESS			6.3 STI	REET	ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-SI	I-ZIP	
	partify that the information supplied w	ith this filing does not qualify f				Section 119.07(3)(i), Florida Statutes, I further certify that the information

4. I hereby certify that the information supplied with this fitting 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.

22 100000 1908 901-701 209