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PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000103107 (4)

CABANISS, MCDONALD, SMITH & WIGGINS, PROFESSIONA L ASSOCIATION

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address ONE ORLANDO CENTRE. SUITE 1800 800 NORTH MAGRICUA AVENUE ONE ORLANDO CENTRE. SUITE 1800 800 NORTH MAGNOLIA AVENUE ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/24/1996</u> 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 390 N. Orange Avenue Suite, Apt. #, etc. 59-3416591 390 N. Orange Avenue Suite, Apt. #, etc. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite 1600 27 Suite 1600 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Orlando, FL 28 Orlando, FI Trust Fund Contribution Added to Fees Zip 32801 32801 8. This corporation owes or has paid the current year Intangible USA USÁ 25 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 Cabaniss, ronald e ONE ORLANDO CENTRE, SUITE 1800 Street Address (P.O. Box Number is Not Acceptable) 62 **800 NORTH MAGNOLIA AVENUE** 390 N. Orange Avenue ORLANDO FL 32803 **Suite 1600** 84 City Zip Code Orlando 32801 11. Pursuant to the office or regist 88. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered uch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered those \$67.6505. Florida Statutes. (NOT) Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE ___ Addition CABANISS, RONALD E NAME 1.2 NAME **BOO N MAGNOLIA AVE SUITE 1800** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE MCDONALD, FRANCIS M JR NAME 22 NAME 800 N MAGNOLIA AVE SUITE 1800 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32803 CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SMITH, LARRY D NAME 3.2 NAME **300 N MAGNO**LIA AVE SUITE 1800 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32803 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition WIGGINS, MICHAEL J NAME 4 2 NAME **3800 N MAGNOLIA AVE SUITE 1800** STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 14. Thereby certify that the infermation su indicated on this emitted/aport or suf-officer or director of the corporation of Block 12 or Block 13 shapes of an for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under cath; that I am an ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.

2/2/90

4107-7111-1100h