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

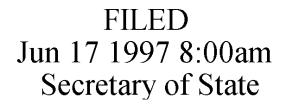
1997

DOCUMENT # P96000104239 (4)

J-TAX/ORLANDO, INC.

Principal Place of Business

Mailing Address





41354

350 EAST PINE STREET ORLANDO FL 32801		350 EAST PINE STREET ORLANDO FL 32801-2706	350 EAST PINE STREET ORLANDO FL 32801-2706				
					3. Date Incorporated or Qualified 12/19/1996	3a. Date of L	ast Report
	Place of Business	2a. Mailing Address	h1		4. FEI Number	135	Applied For
Suite, Apt.	# etc	Suite, Apl. #, etc.			54- 77/21	4 4	Not Applicable
22	w, Oto.	<u></u>	27		5. Certificate of Status Desired	1 1 '	. 75 Additional ee Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing \$5.00 May Be		
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	У		for intangible tax under s. 199.032,	
24	25	[29]	30		Florida Statutes Yes No		
DOM	9, Name and Address of Cu	rrent Registered Agent		Name	10. Name and Address of New R	egistered Agent	1-
	DFORD, CARTER A			INdille			
	HILLCREST STREET ANDO FL 32801		82 Street Addres		dress (P.O. Box Number is Not Accepta	ble)	
UND	ANDO FL 32801	4	83				
	9			ĺ			_
ρi			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508 Florida Statu	utes the abov	/e-named cor	rporation submits this statement for the		ning its registered
 office or r 		itate of Florida. Such change was	s authorized b	y the corpora	ation's board of directors. Thereby acce		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NC	OTE Registered Ac	ent signature regu	ured when reinstating)	DATE	
12.	CHEST OFFICERS	ALD DIRRICHALE	13.		ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	Awilliam For	NOS DELETE	1.1 THILE		•	Ch	ange Addition
NAME	200 e. Pine St		1.2 NAME				
STREET ADDRESS	Advillian for new 300 = 350 e. Pine St. 3283		1.3 STREET ADDRESS				
CITY-ST-ZIP	oranu Pi		1.4 CITY-	ST-ZIP			
TITLE		☐ DELE1E	2.1 TITLE	Ì		Ch	ange 🔲 Addition
NAME			2.2 NAME]			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		Printe	2. 4 Cily - St - ZiP				The second
TITLE		[_] DELETE	3.1 TITLE			L) Ch	ange
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	DEL		3.4. CHY-ST-ZIP 4.1 TITLE			Ch	ange Addition
NAME		Mind	4.2 NAME				J
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE	DELETE		5.1 1ITLE			Ch	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY-	ST-ZIP		_	
TITLE	DELETE		& 1 TITLE			Ch	ange Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			
14. I do herel	by certify that the information support indicated on this appuration	plied with this filling does not qua	ilify for the exi	emption state	ed in Section 119.07(3)(i), Florida Statuti	es. I further certify	that the
I am an o	ficer or director of the corporation	n or the receiver or trustee empo	wered to exe	cute this repo	od in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes, and that	. my namo
appears i	in blook 12 of block 13/11 changed	ay or op an anachment with an ac	auress.		1		

QUILLED