

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065984 (1)
 1. Corporation Name
SOUTH ORLANDO, INC.



Principal Place of Business 12995 S. CLEVELAND AVE., STE. 214 FT. MYERS FL 33907	Mailing Address 12995 S. CLEVELAND AVE., STE. 214 FT. MYERS FL 33907
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAFELE, DALE G 12995 S. CLEVELAND AVE., STE. 214 FT. MYERS FL 33907		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

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 registered 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS L	1.2 NAME	
STREET ADDRESS	212 E. 3RD ST., STE. 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, W. JOSEPH JR.	2.2 NAME	
STREET ADDRESS	212 E. 3RD ST., STE. 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTE, RICHARD W	3.2 NAME	
STREET ADDRESS	212 E. 3RD ST., STE. 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTE, THOMAS D	4.2 NAME	
STREET ADDRESS	212 E. 3RD ST., STE. 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale G. Hafele	5.2 NAME	
STREET ADDRESS	12995 S. Cleveland Ave. #214	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33907	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sprehn, Susan M.	6.2 NAME	
STREET ADDRESS	12995 S. Cleveland Ave. #214	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33907	6.4 CITY-ST-ZIP	

14. I hereby certify that the information furnished 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.

SIGNATURE _____ DATE **4/23/98** **941-270-1121**

CR2E034 (10/97)