

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90120 043 ***150.00

DOCUMENT # **P97000089835**

1. Corporation Name

CORPORATE QUARTERS OF ORLANDO, INC.



Principal Place of Business

**5324 LAKE BLUFF TERRACE
LAKE FOREST FL 32771**

Mailing Address

**5324 LAKE BLUFF TERRACE
LAKE FOREST FL 32771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

2. Principal Place of Business

21 255 S. Orange Avenue

Suite, Apt. #, etc.

22 Suite 1250

City & State

23 Orlando, FL

Zip

24 32801

Country

2a. Mailing Address

26 P.O. Box 951118

Suite, Apt. #, etc.

27

City & State

28 Lake Mary, Florida

Zip

29 32795

Country

30

4. FEI Number

59-3474575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

*** MIZE, ROBERT L
C/O ROBERT DOWD, ATTORNEY
1329 E. SR #436
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name

William L. Shores

82 Street Address (P.O. Box Number is Not Acceptable)

255 S. Orange Avenue, Suite 1250

83

84 City

Orlando

FL

85 Zip Code -
32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVPT** ☐ DELETE

NAME **MIZE, BRIDGETTE J**

STREET ADDRESS **5324 LAKE BLUFF TERRACE**

CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

255 S. Orange Avenue, Suite 1250

1.4 CITY-ST-ZIP

Orlando, FL 32801

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)