

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000011707**

ORLI PROPERTIES, INC.

Principal Place of Business
PELICAN WAY **5391**
ST. AUGUSTINE FL 32084

Mailing Address
5391/5901 PELICAN WAY
ST. AUGUSTINE FL 32084

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 043 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1998	
26		27		4. FEI Number 59-3493899	
Suite, Apt. #, etc.		City & State		Applied For Not Applicable	
28		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LAMBERT, BRIAN D ESQ.
500 N.E. EIGHTH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	D SHAHER, LISA 5031 PELICAN WAY 5391 PELICAN WAY ST. AUGUSTINE FL 32084	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **SIGNATURE REQUIRED**

CR2E034 (5/99)