


FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 014 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # P98000061830																																																																																																																											
1. Corporation Name ORCHARD CLUB GP CORPORATION																																																																																																																											
Principal Place of Business 2105 PARK AVENUE NORTH WINTER PARK FL 32789		Mailing Address 2105 PARK AVENUE NORTH WINTER PARK FL 32789																																																																																																																									
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Zip 24		Zip 25																																																																																																																									
Country 25		Country 29																																																																																																																									
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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																																																																																																																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT/DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LEO STRASBERG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2105 PARK AVE N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/SECRETARY/TREASURER/DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BRUCE A. MALASKY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 N. FLORIDA MANGO RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DAVID C. MALASKY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 N. FLORIDA MANGO RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STEPHEN P. MALASKY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 N. FLORIDA MANGO RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33409</td> <td></td> </tr> <tr> <td>TITLE</td> <td>JAMES STRASBERG</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DIRECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2105 N. PARK AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> DELETE	NAME	LEO STRASBERG		STREET ADDRESS	2105 PARK AVE N.		CITY-ST-ZIP	ORLANDO, FL 32789		TITLE	VP/SECRETARY/TREASURER/DIRECTOR	<input type="checkbox"/> DELETE	NAME	BRUCE A. MALASKY		STREET ADDRESS	1300 N. FLORIDA MANGO RD		CITY-ST-ZIP	WEST PALM BEACH, FL 33409		TITLE	DIRECTOR	<input type="checkbox"/> DELETE	NAME	DAVID C. MALASKY		STREET ADDRESS	1300 N. FLORIDA MANGO RD		CITY-ST-ZIP	WEST PALM BEACH, FL 33409		TITLE	DIRECTOR	<input type="checkbox"/> DELETE	NAME	STEPHEN P. MALASKY		STREET ADDRESS	1300 N. FLORIDA MANGO RD		CITY-ST-ZIP	WEST PALM BEACH, FL 33409		TITLE	JAMES STRASBERG	<input type="checkbox"/> DELETE	NAME	DIRECTOR		STREET ADDRESS	2105 N. PARK AVE.		CITY-ST-ZIP	ORLANDO, FL 32789		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)