## 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

## DOCUMENT # P98000068180

1. Corporation Name

ALBION\*ORION, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90048 015 \*\*\*150.00



Principal Place of Business Mailing Address					L TOBITORE ING TRIBLI INTIL ABUSE OBTIL BRITE BRITE BRITE BRITE INDIR TRADE INTIL OBST 1881	
494 GOLDENMOSS LOOP 494 GOLDENMOSS LOOP						
OCOEE FL 34761 OCOEE FL 34761			•			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						07/31/1998
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
					59-3528059 Not Applicable	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional
27					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23 28					Trust Fund Contribution Added to Fees	
Zip				ntry		8. This corporation owes the current year Intangible
24	25		30		_	Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
	OURINI ODCTT M				Name	
QUINN, BRETT W 494 GOLDENMOSS LOOP				82	Street /	t Address (P.O. Box Number is Not Acceptable)
OCOEE FL 34761				83		
000	PEE FE 34701					
				84	City	FL 85 Zip Code
11 Dunning	to the assuminate of Sections 607.05	02 and 607 1508. Florida Statute	es the al	hove	-named s	t corporation submits this statement for the purpose of changing its registered
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 ag	ent and title if applicable. (NOTE:	Registered	Agen	t signature re	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 70	ſLΕ		☐ Change ☐ Addition
NAME	QUINN, BRETT W		1.2 NA	ME		
STREET ADDRESS	494 GOLDENMOSS LOOP		1.3 STREE		ADDRESS	3 <u> </u>
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY-S		r-ZIP	TIChara II Addition
TITLE		☐ DELETE	2.1 🎹	2.1 TITLE		Change Addition
NAME			2.2 N			
STREET ADDRESS	the state of the s	مناسفة بنهاد المساد الماسان الماسان	B		ADDRESS	S CONTRACTOR STATE
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP		Change ☐ Addition
TITLE		☐ DELETE	l l	3.1 TITLE		
NAME .			3.2 NAME			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. C		il-ZIP	☐ Change ☐ Addition
TITLE		Decere	4.2N			
NAME			1		ADDRESS	,
STREET ADDRESS			4.3 S			5
CITY-ST-ZIP		☐ DELETE	5.1 TI		1-417	☐ Change ☐ Addition
NAME		<b>_</b>	5.2 N			
STREET ADDRESS	,		5.3 \$1	(REÉ	T ADDRESS	s
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP	
TITLE	•	☐ DELETE	6.1 Ti	TLE	-	Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 81	TREET	TADDRESS	s
	· ·					

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 suppliemental 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:** 

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