

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
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90009 024 ***150.00

DOCUMENT # P98000098700

1. Corporation Name

WILL PAGE OF ORLANDO IV, INC.



Principal Place of Business

C/O MICHAEL J. BAZELL
2587 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

Mailing Address

C/O MICHAEL J. BAZELL
2587 N. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

59-3512633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BAZELL, MICHAEL J
2022 MT. VERNON STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name Samuel A. Durrance
82 Street Address (P.O. Box Number is Not Acceptable)
738 Lake Biscayne Way
83
84 City Orlando FL 85 Zip Code 32824

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

President

May 1, 1999

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------|------------------------|------------------|-------------------------------------|
| D | BAZELL, MICHAEL J | 2022 MT. VERNON STREET | ORLANDO FL 32803 | <input checked="" type="checkbox"/> |
| D | DURRANCE, SAMUEL A | 738 LAKE BISCAYNE WAY | ORLANDO FL 32824 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|------------------|-------------------|--------------------|------------------|--------------------------|-------------------------------------|
| V.P. / Secretary | Richard E. Fisher | 2909 Clear Way | Orlando FL 32805 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

5-1-99

(407) 855-7243

Date

Daytime Phone #

CR2E034 (11/98)