

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28525** (1)

1. Corporation Name
ORBITAL OF MANASOTA, INC.



Principal Place of Business: **8308 GOLDEN BEAR LOOP PORT RICHEY FL 34668**
Mailing Address: **5996 BENT PINE DR. #3102 ORLANDO FL 32822-3335 US**

3. Date Incorporated or Qualified: **01/29/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3050480**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 3201 Spainwood Dr.**
Suite, Apt. #, etc.: **22**
City & State: **23 Sarasota FL**
Zip: **24 34232-5826** Country: **25**
City & State: **27**
Zip: **29 34232-5826** Country: **30**

g. Name and Address of Current Registered Agent
**FOSS, RAYMOND C
5996 BENT PINE DR.
#3102
ORLANDO FL 32822**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3201 Spainwood Dr.
83
84 City **Sarasota** **FL** **85 Zip Code** **34232**

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: *Raymond C Foss*
Signature of Current Registered Agent and the incorporator

6/3/94
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	1 1 TITLE
NAME	ROSS, RAYMOND C.	1 2 NAME
STREET ADDRESS	5996 BENT PINE DR., #3102	1 3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1 4 CITY-ST-ZIP
TITLE	DVT	2 1 TITLE
NAME	SMITH, MARY B.	2 2 NAME
STREET ADDRESS	8308 GOLDEN BEAR LOOP	2 3 STREET ADDRESS
CITY-ST-ZIP	PORT RICHEY FL	2 4 CITY-ST-ZIP
TITLE	V	3 1 TITLE
NAME	FOSS, RAYMOND C	3 2 NAME
STREET ADDRESS	1137 LONGFELLOW WAY	3 3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	3 4 CITY-ST-ZIP
TITLE		4 1 TITLE
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
TITLE		5 1 TITLE
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		6 4 CITY-ST-ZIP

President
Smith, Roy L
8308 Golden Bear Loop
Port Richey FL

3201 Spainwood Dr.
Sarasota FL 34232-5826

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Raymond C Foss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/94 (941)371-1563
Date of Filing Office

CR2E034 (12/95)