SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 AUG 26 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47352** **(7)**

1. Corporation Name

ORLANDO MANAGEMENT CENTER, INC.

Principal Place of Business: ~~450 E SOUTH ST SUITE 101 ORLANDO FL 32801~~ 2044 SEALOFT HILTON HEAD, S C. 29928

Mailing Address: C/O R K BRUCE JR CPA, 833 W MAIN ST, LOUISVILLE KY 40202, US

3. Date Incorporated or Qualified: **04/22/1991**

3a. Date of Last Report: **08/14/1995**

4. FEI Number: **59-3069887** ☐ Applied For ☐ Not Applicable

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 2044 SEALOFT
Suite, Apt #, etc
22 HILTON HEAD
City & State
23
Zip 24 29928 Country 25 BEAUFORT

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JOHNSTON, WILLIAM T
611 E AMELIA ST APT 3
SUITE 500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: WHITE & CASE ATTN: LARRY GRAGG
82 Street Address (P.O. Box Number is Not Acceptable): FIRST UNION FINANCIAL CENTER
83 200 SOUTH BISCAYNE BLVD
84 City: MIAMI **FL** 85 Zip Code: 33131

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] 8/22/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TAYLOR, MATT	
STREET ADDRESS	450 E SOUTH ST #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	☐ DELETE
NAME	BRUCE, R K JR	
STREET ADDRESS	833 W. MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	200001936962	
3.2 NAME	-08/30/96--01067--013	
3.3 STREET ADDRESS	****225.00 ****225.00	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	8/28/96	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: [signature] 7/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR