

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:38

DOCUMENT # **V40953** (4)

1. Corporation Name
500 N.O.B.T., INC.

2. Principal Place of Business / Mailing Address
**500 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/03/1992**
3a. Date of Last Report: **01/12/1994**

4. FEI Number: **59-3136920**
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. 109.032, Florida Statutes: Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**DAVIS, BRADLEY J
PLEUS, ADAMS, DAVIS & SPEARS
940 HIGHLAND AVE.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81. Name: **DAVIS, BRADLEY J.**
82. Street Address (P.O. Box Number is Not Acceptable): **309 N. Orange Ave - Suite 800**
83. City: **Giles R Robinson PA**
84. City: **Orlando** 85. Zip Code: **FL 32802**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: _____ (Signature of Current Registered Agent) _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

1. NAME	PTSD GRAVES, ROBERT A
2. STREET ADDRESS	500 N. ORANGE BLOSSOM TRAIL
3. CITY & STATE	ORLANDO FL 32805
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	
16. NAME	
17. STREET ADDRESS	
18. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0503, Florida Statutes. I further certify that the information submitted on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is effective on the date of the corporation's filing or on the date of the transfer empowered to receive this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 11 of the attached Form CD-1 (attached) with an address.

SIGNATURE: Robert A. Graves Robert A. Graves 1-9-95 407-648-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR