

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 # **F95000001040**

1. Corporation Name

Orlando-Jacksonville Management Corporation

800001840848
-05/28/96--01034--017
***200.00

Principal Place of Business

Mailing Address

101 Southhall Lane
Suite 400
Maitland, FL 32751

101 Southhall Lane
Suite 400
Maitland, FL 32751

3. Date Incorporated or Qualified
1/24/95

3a. Date of Last Report

21. Principal Place of Business City, State 21 <u>Orlando, Maitland, FL</u>	22. Suite, Apt. #, etc. 22 <u>400</u>	26. Mailing Address City & State 26 <u>101 Southhall Lane</u>	27. Suite, Apt. #, etc. 27 <u>400</u>	4. FEI Number 58-2160480	Applied For Not Applicable
23. City & State 23 <u>Maitland, FL</u>	24. Zip 24 <u>32751</u>	28. City & State 28 <u>Maitland, FL</u>	29. Zip 29 <u>32751</u>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country 25 <u>USA</u>	30. Country 30 <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 <u>32751</u>		25 <u>USA</u>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Incorporators Ltd.
Three Christina Centre, Suite 1414
201 North Walnut Street
Wilmington, DE 19801-3978

81. Name
81 Dora Tarver
82. Street Address (P.O. Box Number is Not Acceptable)
82 3936 St. Semoran Blvd. #407
83. City
83 Orlando
84. City
84 Orlando
85. Zip Code
85 FL 32822

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

Dora B. Tarver

(NOTE: Registered Agent signature required when re-registering)

4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>CPVC</u>	1.2 NAME	
STREET ADDRESS	<u>Tarver, Dora</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>101 Southhall Lane, Suite 400</u>	1.4 CITY-ST-ZIP	
	<u>Maitland, FL 32751</u>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<u>VSTD</u>	2.3 STREET ADDRESS	
STREET ADDRESS	<u>Tarver, Dora</u>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	<u>101 Southhall Lane, Suite 400</u>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<u>Maitland, FL 32751</u>	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

Dora B. Tarver DORA B. TARVER

4/29/96

Daytime Phone #

407-667-4870

CR2E034 (12/95)