

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 13 1998 8:00am
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P31408 (8)
 1. Corporation Name
 ORLANDO FINANCIAL CORPORATION



Principal Place of Business: % L. CINVENT RAMONNO. ESQ. 10TH & FRENCH STS. WILMINGTON DE 19801
 Mailing Address: C/O THOMAS DE EMEDIO 4185 KIRKWOOD-ST GEORGE RD BEAR DE 19701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 90 Rose + KUPFERMAN SUITE D 1701 Shallcross Ave Wilmington DE
 2a. Mailing Address: Suite, Apt. #, etc. City & State: Wilmington DE
 2b. Mailing Address: Suite, Apt. #, etc. City & State: Wilmington DE
 Zip: 19806 Country: USA

3. Date Incorporated or Qualified: 09/20/1990
 4. FEI Number: 51-0313489 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent: MIDDLETON, HARLOW 699 E 5TH AVE MOUNT DORA FL 32757

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD MAZIK, KENNETH M. [] DELETE
NAME	699 E 5TH AVE MOUNT DORA FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S DEEMEDIO, TOM [] DELETE
NAME	4185 KIRKWOOD ST GEORGE BEAR DE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V BROWN, DONNA [] DELETE
NAME	699 E 5TH AVE MT DORA FL
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	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	[] 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	

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.

SIGNATURE: _____

CR2E034 (5/98)