

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90154 043 ***211.25

DOCUMENT # 827183

1. Corporation Name
ORLANDO CENTRAL PARK, INC.

Principal Place of Business
8501 COMMODITY CIRCLE
ORLANDO FL 32819
US

Mailing Address
8501 COMMODITY CIRCLE
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1971

4. FEI Number
13-2698354

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8529 South Park Circle

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Orlando, FL

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 8529 South Park Circle

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Orlando, FL

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, JOHN
8501 COMMODITY CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

JEFF Troan

82 Street Address (P.O. Box Number is Not Acceptable)

8529 South Park Circle

83

Suite 210

84 City

Orlando

FL

85 Zip Code

32819

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SMITH, JOHN W.
STREET ADDRESS 8501 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME QUINN, THOMAS
STREET ADDRESS 191 CHESAPEAKE PARK PLAZA
CITY-ST-ZIP BALTIMORE MD

TITLE D ☒ DELETE
NAME PHILBRICKM KENDL
STREET ADDRESS 191 CHESAPEAKE PARK PLAZA
CITY-ST-ZIP BALTIMORE MD

TITLE D ☒ DELETE
NAME BENNETT, MARCUS C.
STREET ADDRESS 6801 ROCKLEDGE DR
CITY-ST-ZIP BETHESDA MD

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 JEFF Troan
1.3 STREET ADDRESS 8529 South Park Circle, Suite 210
1.4 CITY-ST-ZIP Orlando, FL 32819

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

407/363-0544
Daytime Phone #

CR2E034 (11/98)

0093361