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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:20

DOCUMENT # **F94000004161 (5)**

1. Corporation Name
OLD MOUNTAIN ORLANDO, INC.

Principal Place of Business	Mailing Address
C/O THE OLD MOUNTAIN COMPANY, INC. 551 5TH AVENUE NEW YORK NY 10176	C/O THE OLD MOUNTAIN COMPANY, INC. 551 5TH AVENUE NEW YORK NY 10176

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Cabot, Cabot & Forbes		26 c/o Cabot, Cabot & Forbes		08/10/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 99 Summer St., Suite 910		27 99 Summer St., Suite 910		13-3783354	APPLIED FOR
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Boston, MA		28 Boston, MA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 02110	25 USA	29 02110	30 USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5 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 _____
Signature, typed or printed name of registered agent and the officer

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	PIROVANO, JOHN A	1.1 TITLE	
551 5TH AVENUE		1.2 NAME	
NEW YORK NY		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VSD	FIELD VI, MARSHALL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
551 5TH AVENUE		2.2 NAME	
NEW YORK NY		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
VDT	FIELD VI, MARSHALL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
551 5TH AVENUE		3.2 NAME	
NEW YORK NY		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		3.5 STREET ADDRESS	
		3.6 CITY-ST-ZIP	
		3.7 NAME	
		3.8 STREET ADDRESS	
		3.9 CITY-ST-ZIP	
		3.10 STREET ADDRESS	
		3.11 CITY-ST-ZIP	
		3.12 NAME	
		3.13 STREET ADDRESS	
		3.14 CITY-ST-ZIP	
		3.15 STREET ADDRESS	
		3.16 CITY-ST-ZIP	
		3.17 NAME	
		3.18 STREET ADDRESS	
		3.19 CITY-ST-ZIP	
		3.20 STREET ADDRESS	
		3.21 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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, above, or on an attachment with an address.

SIGNATURE: *John A. Pirovano*
DATE: 1/18/95
617-737-4999
John A. Pirovano
OFFICER OR DIRECTOR