

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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # 404288

(3)

1. Corporation Name

ORIOLE G & T MANAGEMENT CORP.



Principal Place of Business

Mailing Address

1690 SOUTH CONGRESS AVE.
SUITE 200
DELRAY BEACH FL 33445

1690 SOUTH CONGRESS AVE.
SUITE 200
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

06/30/1972

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1440660

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, RICHARD D
1690 S CONGRESS AVE
SUITE 200
DELRAY BCH FL 33445

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

D
LEVY, R.D.
1690 S CONGRESS AVE
DELRAY BCH FL

12.2 STREET ADDRESS

12.3 CITY-ST-ZIP

12.4 TITLE

VTD
NUNEZ, A.
1690 S CONGRESS AVE
DELRAY BCH FL

12.5 STREET ADDRESS

12.6 CITY-ST-ZIP

12.7 TITLE

V
D'ADDARIO, MERLE
1690 S CONGRESS AVE
DELRAY BCH FL

12.8 STREET ADDRESS

12.9 CITY-ST-ZIP

12.10 TITLE

PD
LEVY, MARK A.
1690 S CONGRESS AVE
DELRAY BCH FL

12.11 STREET ADDRESS

12.12 CITY-ST-ZIP

12.13 TITLE

VSD
HUBSHMAN, E.E.
1690 S CONGRESS AVE
DELRAY BCH FL

12.14 STREET ADDRESS

12.15 CITY-ST-ZIP

12.16 TITLE

AS
LEVY, JO ANN
1690 S CONGRESS AVE
DELRAY BCH FL

12.17 STREET ADDRESS

12.18 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/96 407-274-2000

CR2E034 (12/95)