

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **827183** (5)

1. Corporation Name

**ORLANDO CENTRAL PARK, INC.**



Principal Place of Business

**7101 LAKE ELLENOR DR.  
ORLANDO FL 32809**

Mailing Address

**7101 LAKE ELLENOR DR.  
ORLANDO FL 32809**

3. Date Incorporated or Qualified

**12/16/1971**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

**21 8501 Commodity Circle**

**26 8501 Commodity Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 Orlando, FL**

**28 Orlando, FL**

24 Zip

29 Zip

**32819**

**32819**

Country

Country

4. FEI Number

**13-2698354**

Applied For

Not Applicable

5. Certificate of Status Desired

**XX**

**\$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

**XX**

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JOHN  
7101 LAKE ELLENOR DRIVE  
ORLANDO FL 32809**

81 Name

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

**8501 Commodity Circle**

83

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 NAME STREET ADDRESS CITY-ST-ZIP

**PD  
SMITH, JOHN W.  
7101 LAKE ELLENOR DR.  
ORLANDO FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
BROWN, JAMES B.  
7101 LAKE ELLENOR DR.  
ORLANDO FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
PEROUTKA, WILLIAM F.  
195 CHESAPEAKE PARK PL  
BALTIMORE MD**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
BENNETT, MARCUS C.  
6801 ROCKLEDGE DR  
BETHESDA MD**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VAS  
LOPEZ, ERIC C.  
7101 LAKE ELLENOR DR.  
ORLANDO FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DT  
MCGREGOR, JANET L.  
6801 ROCKLEDGE DRIVE  
BETHESDA MD**

☐ DELETE

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

**8501 Commodity Circle**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D  
Quinn, Thomas J.  
191 Chesapeake Park Plaza  
Baltimore, MD**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D  
Philbrick, Kendl P.  
191 Chesapeake Park Plaza  
Baltimore, MD**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**8501 Commodity Circle**

☒ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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:

*John W. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

407/363-0544

Daytime Phone #

CR2E034 (12/95)