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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **827183** (5)  
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 32819-8002  
US**

3. Date Incorporated or Qualified  
**12/16/1971**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN W.	
STREET ADDRESS	8501 COMMODITY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WUINN, THOMAS	
STREET ADDRESS	191 CHESAPEAKE PARK PLAZA	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILBRICKM KENDL	
STREET ADDRESS	191 CHESAPEAKE PARK PLAZA	
CITY - ST - ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, MARCUS C.	
STREET ADDRESS	6801 ROCKLEDGE DR	
CITY - ST - ZIP	BETHESDA MD	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LOPEZ, ERIC C.	
STREET ADDRESS	8501 COMMODITY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCGREGOR, JANET L.	
STREET ADDRESS	6801 ROCKLEDGE DRIVE	
CITY - ST - ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WUINN, THOMAS</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0092164

CR2E034 (9/96)