

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 827183 (5)**

1. Corporation Name  
**ORLANDO CENTRAL PARK, INC.**

Principal Place of Business <b>8501 COMMODITY CIRCLE                  ORLANDO FL 32819                  US</b>	Mailing Address <b>8501 COMMODITY CIRCLE                  ORLANDO FL 32819                  US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date incorporated or Qualified <b>12/16/1971</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>13-2698354</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <b>FL</b> 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: \_\_\_\_\_ (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	QUINN, 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 checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ERIC C.	
STREET ADDRESS	8501 COMMODITY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 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: *John W Smith* JOHN W SMITH 3/13/98 (407) 363-0544

CR2E034 (10/97)