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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840518

(5)

Mailing Address

CENTRAL PARK LODGES, INC.

FILED Feb 20 1997 8:00am Secretary of State



10065 RED RU OWINGS MILLI US		OWINGS MILLS ME US						
•					3. Date Incorporated or Qualified 04/24/1978	3a. Date of La 03/06/19	ast Report	
2. Principal P	tace of Business	2a. Mailing Addres	3		4. FEI Number 59-1836485	······	Applied For	
21		26	 		39-1030403		Not Applicab	
Suite, Apt		Suite, Apt. #, et	c.		5. Certificate of Status Desired	7	75 Additional se Required	
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country Zip Co				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes	Yes No		
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	istered Agent		
	CORPORATION SYSTEM		81	Name				
	O SO PINE ISL RD		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
M.A	WATION FL 33324		83					
			63					
			84 (City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida	Statutes, the above-r	amed corpo	pration submits this statement for the p	urpose of chang	ing its registere	
office ör r agent ∔a	egistered agent or both, in the im familiar with, and accept the i	State of Florida. Such change obligations of, Section 607.05	was authorized by th 05, Florida Statutes	ne corporation	on's board of directors. I hereby accep	t th e a ppointme	nt as registered	
SIGNATURE.	·	-						
	Signature: typed or printed name of register	<u> </u>	(NOTE: Registered Agent i	signature require		DATE		
12.	OFFICER:	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
HILE	FULCHINO, MARK	☐ DELE				נות נות	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME	10065 RED RUN BLVD		1.2 NAME	nncco				
STREET ADDRESS	OWINGS MD		1.3 STREET AD					
CHY-ST-70P TITLE	PD	DELE	1.4 CITY - ST - Z	ar		Cha	ange Addition	
NAME	CIRKA, LAWRENCE P		2.2 NAME					
STREET ADDRESS	10065 RED RUN BLVD		2.3 STREET AD	INRESS				
CITY-ST-ZIP	OWINGS MILLS MD	1	2.4 CITY-ST-					
TITLE	V	DELE		E-11		Cha	ange Additio	
NAME	CAHILL, DENNIS A	$ \wedge $	3.2 NAME					
STREET ADDRESS	10065 RED RUN BLVD	,	3.3 STREET AD	DRESS				
CITY-SI-ZiP	OWINGS MILLS MD		3 4. CITY - ST -					
1)ftF	SD	DELE				Chi	ange	
NAME	LEVIN, MARC B		4 2 NAME					
STREET ADDRESS	10065 RED RUN BLVD		43 STREET AD	DRESS				
CITY - ST - 7PP	OWINGS MILLS MD		4.4 CITY-SY-	ZIP				
TITEF		DELE	TE 5.1 TITLE			Ch	ange Addition	
NAME			5.2 NAME		- :0000 020 9	3550		
STREET ADDRESS			5.3 STREET, AC	ORESS	-02/20/970109	92003		
CITY - ST - ZIP			5.4 CITY-ST-	ZIP	***3300 . 00			
TITLE		☐ DELE	TE 6.1 TITLE	\mathcal{T}	north Roy 1/2.	☐ Ch	ange Additi	
NAME			6.2 NAME	りと	TITYOTE KATRIANIKAN	•	•	
STREET ADDRESS			6.3 STREET AL	ODRESS	OWINGS MILLS, MD 21117		110 0-	
CITY - ST - 7IP			6.4 CITY - ST -				V15 27	
14 Ldo bara	by cortify that the information or	natied with this filing does ac	t cualify for the exem	ntion stated	in Section 119 07(3)(i) Florida Statute:	s. I further certifu	that the	

Land hereby decay that the minimation supplied with his hing does not quality for the exemption stated in Section 119-07(3)(I). Florida Statutes, 1 furner 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: // WWW.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11719

(VIC) 998-85