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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU	MENT # F950 (00002096 (4)			
1. Corporation	O OF ORLANDO, INC.	,	. 7			
Offic	O OI OHEAIDO, IIIO.			I IBBNIAG HIID IBNAN BIINI BONN AS	BIA BANKA KAKAI AANIA KIANI AANIA KAKAA AKUI KRAN	
Principal Place	of Rusinass	Beaton Adultura				

		11200 ROCKVILLE ROCKVILLE MD 20				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				04/28/1995	Dute of East (report	
TTT) F-7		2a. Maring Address		4. FEI Number	Applied For	
		Suite, Apt. #, etc		APPLIED FOR	Not Applicable	
22				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
─ 1		Oity & State		6. Election Campaign Financing	\$5.00 May Be	
23 Z _i p	Country	28	<u></u>	Trust Fund Contribution	Added to Fees	
24	Country 25	Ζ'ρ 29	Gountry 30	8. This corporation has liability for in Florida Statutes		
	9. Name and Address of Curren		- <u>1301</u>	Florida Statutes Yes 10. Name and Address of New Re		
			81 Name		g.o.o.oo rigorii	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82 Street Add			
PLAN	TATION FL 33324		83			
			84 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the above named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its registered office.	
or register familiar wil	ed agent, or both, in the State of Flord th, and accept the obligations of, Section	la. Such change was authori. on 607.0505, Florida Statute:	red by the corporation's Figa s	rd of directors. I hereby accept the appo	intment as registered agent. I am	
CICALATUDE						
12.	Signature: typied acpointed many outries, trage or OFFICERS AND		Ph. Englishe ed Ages List phatore ocquire 13.		CATE	
TITLE	PSD	DELEVE	1 1 FIFLE	ADDITIONS/CHANGES TO OFFIC	Charge Addition	
NAME	WILLOUGHBY, H. WILLIAM		1.2 NAME		C) Glarge C Addition	
STREET ADDRESS	11200 ROCKVILLE PIKE		13 \$FREEL ADDRESS			
CITY - ST - ZIP	ROCKVILLE MD 20852		1.4.CHY - \$1 - ZIP			
THLE	V PALLES BOLLES	☐ DEFE;E	2 1 TILLE		Change Addition	
NAME CINCEL ADDRESS	PALMER, RICHARD J		2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	11200 ROCKVILLE PIKE ROCKVILLE MD 20852		2.3 STREET ADDRESS			
TITLE	V NOCKAILLE MD 50035	DELETE	2.4 CITY ST-ZIP 3.1 HIGE		Change C Add :	
NAME	LINN, DEBORAH A		3.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS	11200 ROCKVILLE PIKE		3.3 SUBJECT ADDRESS		•	
CITY-S1-ZIP	ROCKVILLE MD 20852		3.4 CITY - ST - ZiP			
TITLE	AS	DELETE	4 1 HILE		Change Addition	
NAME	JACKSON, ELIJAH L		4.2 NAME			
STREET ADDRESS	11200 ROCKVILLE PIKE		4.3 STREET ADDRESS			
CHTY - ST - ZIP TITLE	ROCKVILLE MD 20852	DELETE	4.4 CITY-ST-ZIP			
NAME	KYSELA, TIMOTHY P	L_I vecere	5 LTITLE 52 NAME		☐ Change ☐ Addition	
STREET ADDRESS	11200 ROCKVILLE PIKE		5.3 STREET ADDRESS			
CiTY-ST-ZIP	ROCKVILLE MD 20852		5.4 CiTY-ST-2IP			
TITLE	AS	[] DELETE	6 1 TIFLE	EGGGGG	Addition	
NAME	LANE, BRUCE S		62 NAME 1	5000018 5 -07/19/96010	13UTS -	
STREET ADDRESS	11200 ROCKVILLE PIKE		6.3 STHEET ADDRESS	***225.00	17 ° - OUE	
C(TY-ST-Z(P	ROCKVILLE MD 20852		6.4 CITY+ST ZIP	****CE3.W		

I do hereby certify that the information supplied with this for git 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 ghi attachgient with an address.

SIGNATURE: The Library Elijah L. Jackson 4/29/96 (301) 468-9200

CR2E034 (12/95)