## FÎLE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

0006760

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002096 (4)

CRICO OF ORLANDO, INC. Mailing Address Principal Place of Business 11200 ROCKVILLE PIKE 11200 ROCKVILLE PIKE **ROCKVILLE MD 20852** ROCKVILLE MD 20852-3103 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1995 07/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address APPLIED FOR 21 Not Applicable Suile, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees 23 Country Zin Country Zin 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) PSD mu DELETE 1.1 TITLE ... Change Addition WILLOUGHBY, H. WILLIAM NAM: 1.2 NAME 11200 ROCKVILLE PIKE 1.3 STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20852** City - \$1 - ZiP 1.4 CITY-ST-ZIP CAMPBELL, SUSAN DELETE 1:118 2.1 TITLE 11206 Rockville Pike PALMER, RICHARD J 22 NAME NAME 11200 ROCKVILLE PIKE 2.3 STREET ADDRESS STREET ADDRESS Rockville, Md. 20852 **ROCKVILLE MD 20852** COTY - ST - 74P 2. 4 DITY-ST-ZIP DERECTOR OF TAKATION DELETE 3 1 TITLE TITLE SMALL, JAMES C LINN. DEBORAH A HAMI 3.2 NAME 11200 Rockville Pike Rockville, md. 20852 11200 ROCKVILLE PIKE STREET ACOURESS 3 3 STREET ADDRESS ROCKVILLE MD 20852 3.4. C/TY - \$1 - Z/P CHY-SI-74P DELETE Change Addition 4.1 TITLE JACKSON, ELIJAH L NAME 4. 2 NAME 11200 ROCKVILLE PIKE 4.3 STREET ADDRESS STREET ADDRESS **ROCKVILLE MD 20852** 4.4 City - ST-ZIP CHY-\$1-76 ASYRTCK, KEVIN MYRTCK, KEVIN 11200 ROFKVILLE PIKE DELETE TILLE 51 TITLE KYSELA. TIMOTHY P 5.2 NAME NAME 11200 ROCKVILLE PIKE 5.3 STREET ADDRESS STREET ACCIRESS **ROCKVILLE MD 20852** CHY-\$1-26 5.4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 6.1 TITLE THILE LANE, BRUCE S 6.2 NAME NAME 11200 ROCKVILLE PIKE STREET ADDRESS 6.3 STREET ADDRESS **ROCKVILLE MD 20852** City-St-ZiP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this final 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 he refleiver or guistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name