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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004206

1. Corporation Name
BROWN-ORLANDO I, INC.

Principal Place of Business
**225 EAST REDWOOD ST.
BALTIMORE MD 21202**

Mailing Address
**225 EAST REDWOOD ST.
BALTIMORE MD 21202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

52-1992319

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME PRUGH, JOHN M
STREET ADDRESS 225 EAST REDWOOD ST.
CITY-ST-ZIP BALTIMORE MD 21202

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PRUGH, JOHN M.
1.3 STREET ADDRESS 225 EAST REDWOOD STREET
1.4 CITY-ST-ZIP BALTIMORE, MD 21202

TITLE CD ☐ DELETE
NAME BANCROFT, PETER
STREET ADDRESS 225 EAST REDWOOD ST.
CITY-ST-ZIP BALTIMORE MD 21202

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BANCROFT, PETER
2.3 STREET ADDRESS 225 EAST REDWOOD STREET
2.4 CITY-ST-ZIP BALTIMORE, MD 21202

TITLE V ☐ DELETE
NAME BURTON, THOMAS R
STREET ADDRESS 225 EAST REDWOOD ST.
CITY-ST-ZIP BALTIMORE MD 21202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME HALL, TERRY F
STREET ADDRESS 225 EAST REDWOOD ST.
CITY-ST-ZIP BALTIMORE MD 21202

4.1 TITLE VSD ☒ Change ☐ Addition
4.2 NAME HALL, TERRY F.
4.3 STREET ADDRESS 225 EAST REDWOOD STREET
4.4 CITY-ST-ZIP BALTIMORE, MD 21202

TITLE T ☐ DELETE
NAME GISRIEL, TIMOTHY M
STREET ADDRESS 225 EAST REDWOOD ST.
CITY-ST-ZIP BALTIMORE MD 21202

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Gisriel
Treasurer

2/4/99

(410) 727-4083
Daytime Phone #

CR2E034 (11/98)