

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

000915

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90049 035 ***150.00

DOCUMENT # F96000004207

1. Corporation Name
BROWN-ORLANDO II, INC.

Principal Place of Business
225 E REDWOOD ST
BALTIMORE MD 21202

Mailing Address
225 E REDWOOD ST
BALTIMORE MD 21202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

29

30

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

52-2024239

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	PRUGH, JOHN M	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BANCROFT, PETER E	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURTON, THOMAS R	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HALL, TERRY F	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GISRIEL, TIMOTHY M	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRUGH, JOHN M.	
1.3 STREET ADDRESS	225 EAST REDWOOD STREET	
1.4 CITY-ST-ZIP	BALTIMORE, MD 21202	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BANCROFT, PETER	
2.3 STREET ADDRESS	225 EAST REDWOOD STREET	
2.4 CITY-ST-ZIP	BALTIMORE, MD 21202	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HALL, TERRY F.	
4.3 STREET ADDRESS	225 EAST REDWOOD STREET	
4.4 CITY-ST-ZIP	BALTIMORE, MD 21202	
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, with all other like empowered.

SIGNATURE:

Timothy M. Gisriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Gisriel

Treasurer

2/4/99
Date

(410) 727-4083
Daytime Phone #

CR2E034 (11/98)