FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1996 APR 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # G56076 (4)

1. Corporation Name

ORLANDINN FLORIDA, INC.

Principal Place of Business	Mailing Address
100 SUMMIT LAKE DRIVE 3RD FLOOR NORTH VALHALLA NY 10595	100 SUMMIT LAKE DRIVE 3RD FLOOR NORTH VALHALLA NY 10595

3. Date Incorporated or Qualified: **08/15/1983**
3a. Date of Last Report: **10/26/1995**

4. FEI Number: **13-3206697** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 1886 RouTe 52	Suite, Apt. #, etc.: 27 1886 RouTe 52
City & State: 23 Hopewell Junction N.Y.	City & State: 28 Hopewell Junction N.Y.
Zip: 24 12533 Country: 25 U.S.	Zip: 29 12533 Country: 30 US

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
1201 Hays Street

TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
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: Marcia A Hauner — Marcia A Hauner, Assistant Secretary — 4/26/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLLMAN, ARNOLD 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TOLLMAN, STANLEY 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUNDLEY, MONTY D. 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT TOLLMAN, ARNOLD 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TOLLMAN, STANLEY 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FREEDMAN, SANFORD 100 SUMMIT LAKE DR. VALHALLA NY 10595	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition 1886 RouTe 52 Hopewell Junction, N.Y. 12533

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14. I do hereby certify that the information supplied with this filing is 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 an attachment with an address.

SIGNATURE: Sanford Freedman, dir. — 4/23/96 — 914-223-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #