

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G56076** (4)
1. Corporation Name
ORLANDINN FLORIDA, INC.

Principal Place of Business
**1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

Mailing Address
**1886 ROUTE 52
HOPEWELL JUNCTION NY 12533-6656**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301**

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/15/1983

3a. Date of Last Report

04/29/1996

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TOLLMAN, ARNOLD
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
TOLLMAN, STANLEY
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HUNDLEY, MONTY D
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
TOLLMAN, ARNOLD
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
TOLLMAN, STANLEY
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
FREEDMAN, SANFORD
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Sanford Freedman *Sanford Freedman* *4/22/97 (212) 248-3570*

CR2E034 (9/96)