

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

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)

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 the, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOLLMAN, ARNOLD	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	TOLLMAN, STANLEY	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUNDLEY, MONTY D	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	TOLLMAN, ARNOLD	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	TOLLMAN, STANLEY	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, SANFORD	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOLLMAN, BRETT G.	
1.3 STREET ADDRESS	1886 ROUTE 52	
1.4 CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	

2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENDZIERA, CRAIG	
2.3 STREET ADDRESS	1886 ROUTE 52	
2.4 CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)