


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

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L87729** (4)  
1. Corporation Name  
**CENTRAL PARK LODGES OF WEST PALM BEACH, INC.**



Principal Place of Business <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD 21117</b> <b>US</b>	Mailing Address <b>10065 RED RUN BLVD</b> <b>OWINGS MILLS MD 21117-4827</b> <b>US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1990</b>	3a. Date of Last Report <b>03/06/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1836485</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 SO PINE ISL RD</b> <b>PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FULCHINO, MARK</b>			1.2 NAME			
STREET ADDRESS	<b>10065 RED RUN BLVD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CIRKA, LAWRENCE P</b>			2.2 NAME			
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CAHILL, DENNIS A</b>			3.2 NAME			
STREET ADDRESS	<b>10065 RED RUN BLVD.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWINGS MILL MD</b>			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVIN, MARC B</b>			4.2 NAME			
STREET ADDRESS	<b>10065 RED RUN BLVD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ELKINS, MARSHALL A</b>			5.2 NAME			
STREET ADDRESS	<b>10065 RED RUN BLVD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OWINGS MILLS MD</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Mark Fulchino* **Mark Fulchino** *1/17/97* **600002093546**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **600002093546**  
 DATE **1/17/97** DAYTIME PHONE # **(410) 998-8578**

CR2E034 (9/96)