

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P01586 (7)

1. Corporation Name

C.R.C.C. OF ORLANDO, INC.

Principal Place of Business

**11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852**

Mailing Address

**11200 ROCKVILLE PIKE, SUITE #500
ROCKVILLE MD 20852**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

04/11/1984

3a. Date of Last Report

05/01/1994

4. F.I.T. Number

52-1348385

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 (added to 1994 fee):
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. City

30. State

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. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.50(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and aware of the obligations of Section 607.50(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

NAME	D
NAME	DOCKSER, WILLIAM B.
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD
NAME	P
NAME	WILLOUGHBY, H. WILLIAM
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD
NAME	VS
NAME	WILLOUGHBY, H. WILLIAM
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD
NAME	V
NAME	PALMER, RICHARD J.
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD
NAME	V
NAME	LIEBERMAN, ARTHUR J.
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD
NAME	AS
NAME	JACKSON, ELIJAH L.
STREET ADDRESS	11200 ROCKVILLE PIKE
CITY, STATE, ZIP	ROCKVILLE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 1995

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as such in the Florida Statutes. I further certify that the information indicates that the corporation is in compliance with the provisions of the Florida Statutes and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report as required by the Florida Statutes.

SIGNATURE:

Elizah L. Jackson **ELIJAH L. JACKSON, 4/28/95 (30) 468-9200**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR