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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 20852-3110



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
07/30/1996

4. FEI 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 under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOCKSER, WILLIAM B.	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, H. WILLIAM	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILLOUGHBY, H. WILLIAM	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, RICHARD J.	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, ARTHUR J.	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACKSON, ELIJAH L.	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	V. CAMPBELL, SUSAN
4.3 STREET ADDRESS	11200 ROCKVILLE PIKE
4.4 CITY-ST-ZIP	ROCKVILLE, MD. 20852
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR OF TAXATION
5.3 STREET ADDRESS	SMALL, JAMES C.
5.4 CITY-ST-ZIP	11200 ROCKVILLE PIKE
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 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 custodian empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: ELIJAH L. JACKSON, ASSISTANT SECRETARY, 4/29/97 (201) 463-9210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008767

CR2E034 (9/96)