


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

FILED
Jun 03 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 # P36860 (5)					
1. Corporation Name ORLANDO COGEN II, INC.					
Principal Place of Business 8300 EXCHANGE DRIVE ORLANDO FL 32809		Mailing Address 7201 HAMILTON BOULEVARD TAX DEPARTMENT ALLENTOWN PA 18185-1526 US			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/30/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/01/1996	
City & State 23		City & State 28		4. FEI Number 23-2684433	
Zip 24		Zip 29		Applied For <input type="checkbox"/> Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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's signature required when re-instating.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	HINMAN, WAYNE A				
STREET ADDRESS	4686 PARKVIEW DRIVE SOUTH				
CITY-ST-ZIP	EMMAUS PA				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	POWELL, CORNELIUS P.				
STREET ADDRESS	3831 LILAC ROAD				
CITY-ST-ZIP	ALLENTOWN PA				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	AGGER, H JAMES				
STREET ADDRESS	2525 N MAIN ST				
CITY-ST-ZIP	BETHLEHEM PA				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	DALEY, LEO J				
STREET ADDRESS	5405 ANDREA DRIVE				
CITY-ST-ZIP	WESCONSVILLE PA				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	EVANS, JOHN C.				
STREET ADDRESS	3873 MAULFAIR DRIVE				
CITY-ST-ZIP	ALLENTOWN PA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	BOWES, CHARLES A., JR.				
STREET ADDRESS	2257 GEORGETOWN DRIVE				
CITY-ST-ZIP	MALVERN PA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Chris J. Sutton				
1.3 STREET ADDRESS	8242 Pheasant Run				
1.4 CITY-ST-ZIP	Fogelsville, PA 18051				
2.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	David H. Green				
2.3 STREET ADDRESS	4488 Linda Lane				
2.4 CITY-ST-ZIP	Emmaus, PA 18049				
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					



SIGNATURE

David H. Green

4/28/97

(610) 481-7598

CR2E034 (9/96)