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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Moltham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39973

(3)

ORLANDO COGEN FUEL, INC.

FILEI)
Jun 03 1997	8:00am
Secretary of	of State

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						B (
Principal Place of Business Mailing Address				0 DB DB PD					
8300 EXCHANGE DR. ORLANDO FL 32800		7201 HAMILTON BLVD	7201 HAMILTON BLVD						
		TAX DEPT ALLENTOWN PA 18195-152	ne						
		US	.0		3. Date Incorporated or Qualified	3a. Date o	f Last B	eport	
					08/10/1992	05/01/		орын	
	Place of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			23-2684299		No	t Applicable	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 /	Additional	
22 City & Stat	10	27					Fee Re	quired	
City & State City & State			,	6. Election Campaign Financing \$5.00 May Be					
			Trust Fund Contribution						
24	25	29	30			intangible tax ☐ Yes ☐ N		199.032,	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re				
CT	CORPORATION SYSTEM		81	Name					
	0 SOUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptate	ole)			
PLA	NTATION FL 33324								
-			83						
t			84	City		. 8:	Zip C	Code	
44 Ourough	to the provisions of Continue COZ OFO	00				FL			
office or	registered agent, or both, in the State	of Florida, Such change was a	us, me abov Julhorized by	e-named / the cor	corporation submits this statement for the p poration's board of directors. I hereby accep	ourpose of cha of the appointr	nging its nent as	s registered registered	
ļ.	am tamiliar with, and accept the obligi	ations of, Section 607.0505, Fig	orida Statute	S					
SIGNATURE	Signature, lyped or printed name of registered age	of and title if applicable (NOTE	: Bog stered Age	ent signature	e required when reinstating)	DATE			
12.	OFFICERS AN	DIDIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12	
TITLE	P	X DELETE	1.1 THLE	,	Assistant Treasurer		Change	Addition	
NAME	HINMAN, WAYNE A.		12 NAME		David H. Green				
STREET ADDRESS	4666 PARKVIEW DR. SO.		13 STREET	ADDRESS	4488 Linda Lane				
CITY-ST-ZIP	EMMAUS PA	k7 DELETE	14 CITY - S	1 - ZIP	Emmaus, PA 18049			F-1	
TITLE NAME	POWELL, CORNELIUS P.	X DELETE	21 TITLE		Vice President	25	Change	Addition	
STREET ADDRESS	3831 LILAC ROAD		2.2 NAME	.nancaa	Kenneth R. Petrini				
CITY-ST-ZIP	ALLENTOWN PA		2 3 STREET		3400 Stout Drive				
TITLE	VD	DELETE	2. 4 CITY - :	51 - 211	Emmaus, PA 18049		Change	Addition	
NAME	ARNOLD H. KAPLAN		3.2 NAME						
STREET ADDRESS	500 ORCHID CIRCLE		3.3 STREET	ADDRESS					
CITY-ST-ZIP	EMMAUS PA		3.4. CHTY - 5		·				
TITLE	T	DELETE	4.1 TITLE				Change	Addition	
NAME	DALEY, LEO J		4. 2 NAME						
STREET ADDRESS	7201 HAMILTON BLVD		4 3 STREET	address					
CITY-ST-ZIP	ALLENTOWN PA		4.4 CITY-S	1 - 2 18					
TITLE	SD	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	AGGER, JAMES H.		5.2 NAME						
STREET ADDRESS	2525 N. MAIN STREET		5.3 STREET						
CITY-ST-ZIP	BETHLEHEM PA	Doriett	5.4 CITY - S	T-ZIP		··· -		T	
TITLE	VP	☐ DELETE	6.1 TITLE		President	K 1 (Change	Addition	
NAME EXPERT ADDRESS	CHRIS J. SUTTON		6.2 NAME		Chris J. Sutton				
STREET ADDRESS	8242 PHEASANT RUN FOGELSVILLE PA		6.3 STREFT		8242 Pheasant Run				
CITY-ST-ZIP	LAGICTORITTE LY		6.4 CHY-S	1 - ZIP	Fogelsville, PA 18051				

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 collocation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on in a sachment with an address.

(610) 481-7508