

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000055729 (6)

1. Corporation Name

CENTRAL PARK LODGE OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US

10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYS  
1200 SO PINE ISL RD  
PLANTATION FL 33324

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 types for printed name of registered agent and the filing officer.

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME PICKETT, TAYLOR  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-STATE-ZIP OWINGS MILLS MD

1.2 NAME Fulchino, mark  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CIRKA, LAWRENCE P  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-STATE-ZIP OWINGS MILLS MD

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE V ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME CAHILL, DENNIS A  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-STATE-ZIP OWINGS MILLS MD

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE V ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME LEVIN, MARC B  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-STATE-ZIP OWINGS MILLS MD 21117

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ELKINS, MARSHALL A  
STREET ADDRESS 10065 RED RUN BLVD  
CITY-STATE-ZIP OWINGS MILLS MD 21117

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/6/96

(410) 998-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)