

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 # P93000055874 (0)

1. Corporation Name

CENTRAL PARK LODGE OF ORLANDO, 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

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

08/07/1995

4. FEI Number

52-1936354

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

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

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Fulchino, Mark

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

(410) 998-8578

Daytime Phone #

CR2E034 (12/95)