

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 # P94000071539 (8)

1. Corporation Name

BRITTANY OF ROSEMONT GROUP, INC.



Principal Place of Business

223 WILMINGTON WEST CHESTER PIKE  
CHADDS FORD PA 19317

Mailing Address

PO BOX 467  
CONCORDVILLE PA 19331

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 26 215 N. EOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State  
28 ORLANDO, FL

24 Zip Country

29 32801 30 Country

4. FEI Number

23-2779480

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

10. Name and Address of New Registered Agent

BALLETTA, JAMES  
215 N EOLA DR  
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME SPANO, THOMAS V  
STREET ADDRESS 223 WILMINGTON WEST CHESTER PIKE  
CITY-ST-ZIP CHADDS FORD PA 19317

1 1 TITLE VP ☐ Change ☒ Addition  
12 NAME BALLETTA, JAMES  
13 STREET ADDRESS 215 N. EOLA DRIVE  
14 CITY-ST-ZIP ORLANDO, FL 32801

TITLE ST ☐ DELETE  
NAME MARRA, NANCY F  
STREET ADDRESS 223 WILMINGTON WEST CHESTER PIKE  
CITY-ST-ZIP CHADDS FORD PA 19317

2 1 TITLE ☐ Change ☐ Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas V. Spano, President

(610) 558-1500

Date:

Daytime Phone:

CR2E034 (12/95)

1/10/96