

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

PROFIT*
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071539

1. Corporation Name
BRITTANY OF ROSEMONT GROUP, INC.

Principal Place of Business
215 North Eola Drive
Orlando, Florida 32801

Mailing Address
P.O. Box 467
Concordville, PA. 19331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
215 North Eola Drive

2a. Mailing Address
215 North Eola Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip 32801 Country US

Zip 32801 Country US

9. Name and Address of Current Registered Agent

JAMES BALLETTA, ESQUIRE
215 North Eola Drive
Orlando, Florida 32801

10. Name and Address of New Registered Agent

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

TITLE PD SPANO, CHRISTOPHER T. ☐ DELETE
NAME 223 Wilmington West Chester Pike
STREET ADDRESS Chadds Ford, PA. 19317
CITY-ST-ZIP

TITLE ST ~~MARRA, NANCY F.~~ ☒ DELETE
NAME ~~223 Wilmington West Chester Pike~~
STREET ADDRESS ~~Chadds Ford, PA. 19317~~
CITY-ST-ZIP

TITLE VP BALLETTA, JAMES ☒ DELETE
NAME 215 North Eola Drive
STREET ADDRESS Orlando, Florida 32801
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VST ☐ Change ☒ Addition
1.2 NAME FRANK X. PHILLIPS
1.3 STREET ADDRESS 223 Wilmington West Chester Pike
1.4 CITY-ST-ZIP Chadds Ford, PA. 19317

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
5000002861035-2
-05/04/99-01043-007
***150.00 ***150.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/7/99

610-558-1500

CR2034 (11/99)