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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:28

DOCUMENT # V17263 (7)

1. Corporation Name
PRIORITY PROPERTIES ORLANDO, INC.

Principal Place of Business	Mailing Address
2894 HEATHERSIDE AVE ORLANDO FL 32822	2894 HEATHERSIDE AVE ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1992	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3108661	☐ 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 6401 Pinewood Drive	26 6401 Pinewood Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, Florida	28 Orlando, Florida
24 Zip 32822 / 25 Country USA	29 Zip 32822 / 30 Country USA

9. Name and Address of Current Registered Agent

PHILIPPONE, FRANK C. J
2894 HEATHERSIDE AVE
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: Frank C. Philippone, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 6401 Pinewood Drive
83
84 City: Orlando FL 85 Zip Code: 32822

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	PHILIPPONE, JAMES V.	1.2 NAME	James V. Philippone
STREET ADDRESS	55 TROUP ST.	1.3 STREET ADDRESS	55 Troup Street
CITY-ST-ZIP	ROCHESTER, NY	1.4 CITY-ST-ZIP	Rochester NY 14608
TITLE	P/T	2.1 TITLE	President/Treasurer ☒ Change ☐ Addition
NAME	PHILIPPONE, FRANK C. JR.	2.2 NAME	Frank C. Philippone, Jr.
STREET ADDRESS	2894 HEATHERSIDE AVE.	2.3 STREET ADDRESS	6401 Pinewood Drive
CITY-ST-ZIP	ORLANDO, FL	2.4 CITY-ST-ZIP	Orlando FL, 32822
TITLE	VP/S	3.1 TITLE	Vice Pres/Secretary ☒ Change ☐ Addition
NAME	PHILIPPONE, CECILIA Z.	3.2 NAME	Cecilia Z. Philippone
STREET ADDRESS	2894 HEATHERSIDE AVE.	3.3 STREET ADDRESS	6401 Pinewood Drive
CITY-ST-ZIP	ORLANDO, FL	3.4 CITY-ST-ZIP	Orlando, Fl. 32822
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PHILIPPONE, ANDREW J.	4.2 NAME	
STREET ADDRESS	1730 MAPLEWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARMINTON NY, 14425	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Frank C. Philippone Jr. Frank C. Philippone, Jr. P/T 2/13/95 407-382-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0418100 FP