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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V17263 (7)
1. Corporation Name
PRIORITY PROPERTIES ORLANDO, INC.



Principal Place of Business

Mailing Address

~~6401 PINEWOOD DRIVE~~
~~ORLANDO FL 32822~~
US

6401 PINEWOOD DRIVE
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 292 WILSHIRE BLVD - STE 205

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 CASSE BERRY FL

27 City & State

23 City & State

28 City & State

24 Zip

24 32707

25 Country

25 US

29 Zip

29

30 Country

30

9. Name and Address of Current Registered Agent

PHILIPPONE, JR. F
6401 PINEWOOD DRIVE
ORLANDO FL 32822

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

Frank C. Philippone Jr. - FRANK C. PHILIPPONE JR, Agent

1/6/98

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 ~~VP~~ ☒ DELETE

NAME PHILIPPONE, JAMES V.

STREET ADDRESS 55 TROUP ST.

CITY-ST-ZIP ROCHESTER NY

TITLE ~~PT~~ ☒ DELETE

NAME PHILIPPONE, FRANK C JR.

STREET ADDRESS 6401 PINEWOOD DR.

CITY-ST-ZIP ORLANDO FL

TITLE ~~VPS~~ ☐ DELETE

NAME PHILIPPONE, CECILIA Z.

STREET ADDRESS 6401 PINEWOOD DRIVE

CITY-ST-ZIP ORLANDO FL

TITLE ~~V~~ ☒ DELETE

NAME PHILIPPONE, ANDREW J.

STREET ADDRESS 1730 MAPLEWOOD DR

CITY-ST-ZIP PARMINTON NY

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

Frank C. Philippone Jr.

1-1-98

119-273-5151

CR2E034 (10/97)