

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825982 (2)

1. Corporation Name
INTEREALTY CORP.



Principal Place of Business 1851 KIDWELL DRIVE VIENNA VA 22182 US	Mailing Address 1851 KIDWELL DRIVE VIENNA VA 22182-3830 US
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified 01/24/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 84-0577265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY, JAMES F	1.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	1.4 CITY- ST- ZIP	
TITLE	VSPT <input type="checkbox"/> DELETE	2.1 TITLE	SUP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, FRANK G	2.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELDM, JOHN C	3.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	3.4 CITY- ST- ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARRON, DAVID C	4.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	4.4 CITY- ST- ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGRANDE, CHARLES A	5.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	5.4 CITY- ST- ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACHOTA, CHRISTINE M	6.2 NAME	
STREET ADDRESS	1951 KIDWELL DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	VIENNA VA 22182	6.4 CITY- ST- ZIP	

14. I do 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: Sandra B. Mortham **Sandra B. Mortham, Secretary** 703/610-5026
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)