

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000003098 (1)**

1. Corporation Name

**AVANTI ESCAMBIA CORPORATION**



Principal Place of Business

**2102-C GALLOWS ROAD  
VIENNA VA 22182**

Mailing Address

**2102-C GALLOWS ROAD  
VIENNA VA 22182**

2. Principal Place of Business

2a. Mailing Address

21 **7611 Little River Turnpike**

26 **7611 Little River Turnpike**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **400 West**

27 **400 West**

City & State

City & State

23 **Annandale, VA**

28 **Annandale, VA**

Zip

Country

Zip

Country

24 **22003**

25

29 **22003**

30

9. Name and Address of Current Registered Agent

**O'NEILL, ELLEN  
1 SABINE ISLAND DRIVE  
GULF BREEZE FL 32561**

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 607.1505, 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 of the person who is to be named as the registered agent

Signature of the person who is to be named as the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
CP	PETRAZZUOLO, GARY	3808 LINDA LANE	ANNANDALE VA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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  
**GARY PETRAZZUOLO PRESIDENT**

4/11/96 (703)916-1222

CR2E034 (12/95)