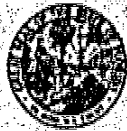


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 21 PM 2:40

DOCUMENT # P39255 (5)

1. Corporation Name

AMERICAN REALTY TAX SERVICES, INC.

Principal Place of Business

**8000 TOWERS CRESCENT DRIVE
1300
VIENNA VA 22182
US**

Mailing Address

**8000 TOWERS CRESCENT DR
STE 1300
VIENNA VA 22182
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/12/1992

3a. Date of Last Report

04/12/1994

4. FEI Number

54-6136583

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

**LATHAM, NANCY M.
14774 FEATHER COVE RD.
CLEARWATER FL 34622**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
MANELSKI, JOSEPH A.
8027 LEESBURG PIKE, #600
VIENNA VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MANELSKI, MARLENE J.
8027 LEESBURG PIKE, #600
VIENNA VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANELSKI, DAVID J.
8027 LEESBURG PIKE, #600
VIENNA VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
BERGSTROM, GUNNAR
8027 LEESBURG PIKE, #600
VIENNA VA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
REDCAY, ROB
9219 KINGS RIDGE DR.
TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Marlene J. Manelski
MARLENE J. MANELSKI, SECRETARY**

3-14-95

703821-2253

Date

Daytime Phone #