

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 144977 (6)

1. Corporation Name

COLLEGE PARK IMPROVEMENT CORP.



Principal Place of Business

11701 RIVER DRIVE  
LORTON VA 22079

Mailing Address

11701 RIVER DRIVE  
LORTON VA 22079

3. Date Incorporated or Qualified  
11/14/1945

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMENAMIN, JOSEPH A.  
126 SUNSET DRIVE  
ISLAMORADA FL 33036

DECEASED

81 Name

John G. Hanchin

82 Street Address (P.O. Box Number is Not Acceptable)

4401 Pine Lake Drive

83

84

City  
St. Cloud

FL

85 Zip Code

34769-1621

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 607.0503, Florida Statutes.

SIGNATURE

*John G. Hanchin*

MAY 3, 1996

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAMPTON, SCOTT P.	
STREET ADDRESS	11701 RIVER DRIVE	
CITY-STATE-ZIP	LORTON VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCMENAMIN, JOSEPH A.	
STREET ADDRESS	126 SUNSET DRIVE	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEIRL, SUSAN	
STREET ADDRESS	115 HIRAM COLLEGE DRIVE	
CITY-STATE-ZIP	SAGAMORE HILLS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPNEY, BETTY C.	
STREET ADDRESS	30 SOUNDVIEW DR.	
CITY-STATE-ZIP	HUNTINGTON NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANCHIN, LUCINDA L.	
STREET ADDRESS	118 MILL CROSS LANE	
CITY-STATE-ZIP	OCOQUAN VA	
TITLE		<input type="checkbox"/> DELETE
NAME	RICKLY, REXFORD R.	
STREET ADDRESS	2805 Abbeyville Road	
CITY-STATE-ZIP	Valley City, OH 44280	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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5-1-96

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)(k), 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:

*Lucinda L. Hanchin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 202-822-5080

Date

Daytime Phone #

CR2E034 (12/95)