

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 11/14/1945	
4. FEI Number 59-6061585		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HANCHIN, JOHN G
4401 PINE LAKE DRIVE
ST. CLOUD FL 34769-1621**

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
			FL	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMPTON, SCOTT P.	1.2 NAME	
STREET ADDRESS	11701 RIVER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LORTON VA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKLY, REXFORD R.	2.2 NAME	
STREET ADDRESS	2805 ABBEYVILLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY CITY OH 44280	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEIRL, SUSAN	3.2 NAME	
STREET ADDRESS	115 HIRAM COLLEGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAGAMORE HILLS OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIVER, BETTY C	4.2 NAME	
STREET ADDRESS	80 SOUNDVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON NY	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCHIN, LUCINDA L.	5.2 NAME	
STREET ADDRESS	2432 CONDOR COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)