


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

000962

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90049 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 281957

1. Corporation Name

TRULAND OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3330 WASHINGTON BLVD
ARLINGTON, VIRGINIA 22201

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ARLINGTON, VIRGINIA 22201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1964

4. FEI Number

59-1083182

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, GERALD M.
402 COURTHOUSE SQUARE BLDG.
200 S.E. 6TH ST.
FORT LAUDERDALE FL 33301

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 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	<input type="checkbox"/> DELETE
NAME	TRULAND, ROBERT W	
STREET ADDRESS	15800 DARNESTWON ROAD	
CITY-ST-ZIP	GERMANTOWN MD 20874	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRULAND, ROBERT W.	
STREET ADDRESS	15800 DARNESTOWN RD	
CITY-ST-ZIP	GERMANTOWN MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOINI, INGRID A.	
STREET ADDRESS	2679 MARCEY ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, B. CARLYLE JR	
STREET ADDRESS	3346 ROSE LANE	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRULAND, MARY W	
STREET ADDRESS	15800 DARNESTOWN ROAD	
CITY-ST-ZIP	GERMANTOWN MD 20874	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ingrid A. Moini

4/29/99

Date

(703) 516-2600

Daytime Phone #

CR2E034 (11/98)