SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 620164 J. SPARGO AND ASSOCIATES, INCORPORATED Principal Prace of Business Mailing Address 4400 FAIR LAKES COURT 4400 FAIR LAKES COURT FAIRFAX VA 22033 FAIRFAX VA 22033 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1979 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1894179 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zin Country 8. This corporation has liability for intangible tax under s. 199 032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPARGO JOHN W 320 HIBISCUS ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE\_flog\_stered Agent signature to pured when mast range Signature, type for professinance of registered agent and fifte of applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/E)TITLE DELETE 1.1 TITLE Change Addition MCDONALD, JUDY NAME 12 NAME CR2E034 2928 BEAU LANE STREET ADDRESS 1.3 STREET ADDRESS FAIRFAX VA CITY-ST-ZIP 1.4 CITY ST-ZIP ۷D TITLE DELETE 2.1 TITLE Change Addition SPARGO, SHIRLEY NAME 2.2 NAME **3711 CENTERWAY** STREET ADDRESS 2.3 STREET ADDRESS **FAIRFAX VA** CITY-ST-2IP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 TITLE Change Addition SPARGO, JOHN W II 3.2 NAME 320 HIBISCUS ST. STREET ADDRESS 3.3 STREET ADDRESS MIAMI SPRINGS FL CITY - ST - ZIP 3.4 C/TY - ST - ZIP TITLE DELETE 4.1 TO BE Change Addition SPARGO, JOHN W. NAME 4 2 NAME **3711 CENTER WAY** STREET ADDRESS 4.3 STREET ADDRESS FAIRFAX VA CITY-ST-ZIP 4.4.0 TY - ST - ZIP TITLE DELETE 5.1 THILE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST ZIP 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 1 further cert by 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 onthe that I arrive and foci or directory of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an allgebrient with an address.

LATURE AND LIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: