

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **831540** (0)

1. Corporation Name
ALVA CORPORATION



Principal Place of Business
**109 N. FAIRFAX ST
2ND FLOOR
ALEXANDRIA VA 22314
US**

Mailing Address
**109 N. FAIRFAX ST
2ND FLOOR
ALEXANDRIA VA 22314
US**

3. Date Incorporated or Qualified: **12/28/1973**
3a. Date of Last Report: **05/01/1995**

4. FET Number: **73-6500979**
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. **801 N. Fairfax St**
Suite, Apt. #, etc.
22. **Suite 109**
City & State
23. **Alexandria, VA**
Zip
24. **22314** Country
25. **US**

2a. Mailing Address
26. **801 N. Fairfax St.**
Suite, Apt. #, etc.
27. **Suite 109**
City & State
28. **Alexandria, VA**
Zip
29. **22314** Country
30. **US**

9. Name and Address of Current Registered Agent

**FAIGEN, GRETA
525 S FLAGLER DR
WEST PALM BEACH FL 33401**

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: _____ DATE: _____
Signature typed or printed name of registered agent and the corporation. (Print Name of Registered Agent & date of appointment as registered agent.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAIGEN, GRETA	
STREET ADDRESS	525 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SEIGEL, LISA	
STREET ADDRESS	2220 20TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACKSON, JUDY	
STREET ADDRESS	9703 ROOSTER LANE	
CITY-ST-ZIP	FT WASHINGTON MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	V
23. STREET ADDRESS	Seigel, Lisa
24. CITY-ST-ZIP	2220 20th Street NW Washington, DC 20009
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	S/T
33. STREET ADDRESS	Jackson, Judy
34. CITY-ST-ZIP	9703 Rooster Lane Ft. Washington, MD 20744
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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. 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: *Judy Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judy Jackson, Secretary

4/16/96
703-684-3304
Date Filed
Daytime Phone #

CR2E034 (12/95)