

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

FILED  
Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 844527 (2)

1. Corporation Name  
LANGLEY PARK PLAZA, INCORPORATED



Principal Place of Business: 8303 MT. VERNON MEMORIAL HWY ALEXANDRIA VA 22313  
Mailing Address: P.O. BOX 548 ALEXANDRIA VA 22313-0548 US

3. Date Incorporated or Qualified: 11/02/1979  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 54-1027875  
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  
2a. Mailing Address  
21. Suite, Apt #, etc.  
22. City & State  
23. City & State  
24. Zip  
25. Country  
26. Suite, Apt #, etc.  
27. City & State  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
ZSCHAU, JULIUS J  
28050 US HWY 19 N.  
SUITE 501  
CLEARWATER FL 34621

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK GOODHART, L	
STREET ADDRESS	8303 MT VERNON MEM HWY	
CITY - ST - ZIP	ALEXANDRIA, VA 0	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCCORMICK GOODHART, H	
STREET ADDRESS	8303 MT VERNON MEM HWY	
CITY - ST - ZIP	ALEXANDRIA, VA 0	
TITLE	ASV	<input type="checkbox"/> DELETE
NAME	DUNGAN, RONALD E.	
STREET ADDRESS	1616 N FORT MYER DR	
CITY - ST - ZIP	ROSSLYN VA	
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

1.1 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 do 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.

SIGNATURE: M. McCormick Goodhart REQUIRED #. MCCORMICK-GOODHART 2/2/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)