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NONPROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

853227

(7)

Principal Place of Business Mailing Address 1856 OLD RESTON AVENUE RESTON VA 22090 P.O. BOX 17500 WASHINTON DC 20041-0500 US 3. Date Incorporated or Qualified 06/22/1982 4. FEI Number	I BIBIT BABII BIBIT IBBI
RESTON VA 22060 WASHINTON DC 20041-0500 06/22/1982	
62-0988294	Applied For
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 5.	8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	5.00 May Be dded to Fees
City & State City & State 7. Is this nonprofit corporation a homeowners asset Yes 28	
Zip Country Zip Country 8. This corporation owes or has paid the current y Personal Property Tax due June 30. Yes	s DNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ıt
81 Name	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 105	
TALLAHASSEE FL 32301 FL 85	Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or pinted name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE	nging its registered nent as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12
TITLE V DELETE 1.1 TITLE	hange Addition
NAME ANDERSON, ROBERT, D 12 NAME	
NAME ANDERSON, ROBERT, D 1.2 NAME STREET ADDRESS 1856 OLD RESTON AVE. 1.3 STREET ADDRESS	
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14. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 improped of an appear of the corporation of the receiver of the receiver

FILED

May 13 1998 8:00am

Secretary of State