


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 043 ***150.00

0117049

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

DOCUMENT # F93000000910 ✓

1. Corporation Name
NATIONAL CON-SERV, INC.

Principal Place of Business 451 HUNGERFORD DR. SUITE 408 ROCKVILLE MD 20850	Mailing Address 451 HUNGERFORD DR. SUITE 408 ROCKVILLE MD 20850
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/01/1993	
4. FEI Number 74-1702534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MANN, GEORGE A
3720 HUNT CLUB ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3733 CAMDEN ISLAND COURT, S
83	
84 City	JACKSONVILLE
85 Zip Code	FL 32224

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB <input type="checkbox"/> DELETE	1.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, GEORGE A.	1.2 NAME	
STREET ADDRESS	3720 HUNT CLUB ROAD	1.3 STREET ADDRESS	3733 CAMDEN ISLAND COURT, S
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, GEORGE A	2.2 NAME	
STREET ADDRESS	3720 HUNT CLUB RD.	2.3 STREET ADDRESS	3733 CAMDEN ISLAND COURT, S
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDEAUX, SHELIA	3.2 NAME	
STREET ADDRESS	1104 HIGHWOOD ROAD	3.3 STREET ADDRESS	4830 WALTONSHIRE CIRCLE
CITY-ST-ZIP	ROCKVILLE MD 20851	3.4 CITY-ST-ZIP	OLNEY, MD 20832
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DUSEN, DENNIS R	4.2 NAME	
STREET ADDRESS	11023 CRTOSS LAUREL DR.	4.3 STREET ADDRESS	7905 WINDSOR KNOLL LANE
CITY-ST-ZIP	GERMANTOWN MD	4.4 CITY-ST-ZIP	LAYTONSVILLE, MD 20882
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: Dennis R. Van Dusen DENNIS R. VAN DUSEN 7/2/99 (301) 251-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

F93000000910
588559-90003-43



451 Hungerford Drive, Suite 408
Rockville, Maryland 20850
(301) 251-1880

July 2, 1999

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: National Con-Serv, Inc. ID # 74-1702534

Dear Sir or Madam,

I received a 2nd Notice for our 1999 Annual Report on July 1, 1999. I spoke with one of your representatives today to inform her that I did not receive the original report packet and to verify that no one else in my office had filed the report. Your representative advised me that she had not receive the report and to include this letter to inform you of the reason for the late filing of this report. In addition she also informed me to pay the \$150.00 fee, since I never received the original packet, and not the \$550.00 fee. Therefore, I have enclosed the signed 1999 Profit Corporation Annual Report along with a check in the amount of \$150.00.

If you have any further questions, please feel free to call me at (301) 251-1880 Ext. 9283.

Thank you for help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Shelia F. Bordeaux".

Shelia F. Bordeaux
Corporate Secretary