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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF \$1.

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

DOCUMENT # F9300001264 (1)

FALK ASSOCIATES MANAGEMENT ENTERPRISES, INC.

Principal Place of Business Mailing Address 5335 WISCONSIN AVE., N.W. 5335 WISCONSIN AVE., N.W. WASHINGTON DC 20015 WASHINGTON DC 20015-2030 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1993 05/29/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 21 36-3810092 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199 032 ☐ Yes 24 25 30 Florida Statutes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DCP DELETE Change TITLE FALK, DAVID B NAME 1.2 NAME 5335 WISCONSIN AVE., N.W. STREET ADDRESS 1.3 STREET AUDRESS WASHINGTON DC 20015 CITY-ST-ZIP 14 CITY - ST - 7 P DELETE Change Addition TITLE **VPS** 2.1 160 POLK, CURTIS J NAME 2.2 NAME 5335 WISCONSIN AVE., N.W. STREET ADDRESS 2.3 STREET ADDRESS **WASHINGTON DC 20015** CITY-ST-ZIP 2 4 CITY- ST- ZIP DETER Change Addition TITLE HIGGINS, GERALD M. NAME 3.2 NAME 5335 WISCONSIN AVENUE, NW. #850 STREET ADDRESS 3.3 STREET ADDRESS **WASHINGTON D** CITY-ST-ZIP 3.4. CHY- \$1 - ZIE ☐ DITUE Change Addition TITLE 4 1 100 F NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- \$1 - 7/P ☐ DELETE ☐ Change Addition TITLE 5: 11111 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CdY+\$1\_ZiP TT DELETE Addition TITLE 6: THE NAME 62 NAMI STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this argunal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name