

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003705 (1)**

1. Corporation Name
K.T. ASSOCIATES, P.C. OF VA.



Principal Place of Business 2323 HORSE PEN ROAD STE 500 HERNDON VA 22071-3405 US	Mailing Address 2323 HORSE PEN ROAD STE 500 HERNDON VA 20171-3405 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23 20171	Zip 28
Country 25	Country 30

3. Date Incorporated or Qualified 08/13/1993	3a. Date of Last Report 02/13/1996
4. FEI Number 54-1664195	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MUNROE, ROBERT C 6838 TAMARIND CIRCLE ORLANDO FL 32819	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	CPT KOBLOS, MARK R
STREET ADDRESS	15612 BRITENBUSH CY
CITY-ST-ZIP	WATERFORD VA
TITLE	<input type="checkbox"/> DELETE
NAME	DV FARREL, JOHN E P.E.
STREET ADDRESS	13490 LAKE SHORE DRIVE
CITY-ST-ZIP	HERNDON VA
TITLE	<input type="checkbox"/> DELETE
NAME	D MUNROE, ROBERT C P.E.
STREET ADDRESS	6838 TAMARIND CIRCLE
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	V TOWNSEND, ROBERT S
STREET ADDRESS	2502 CHARLESTOWN LANE
CITY-ST-ZIP	RESTON VA
TITLE	<input type="checkbox"/> DELETE
NAME	S KOBLOS, KATHRYN E
STREET ADDRESS	15612 BRITENBUSH CT
CITY-ST-ZIP	WATERFORD VA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Ct.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV Farrell, John E P.E.
2.3 STREET ADDRESS	12361 Clareth Dr.
2.4 CITY-ST-ZIP	Herndon, VA 20171
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 checked="" type="checkbox"/> Addition
6.2 NAME	V Andrew D. Hare
6.3 STREET ADDRESS	106 North Ithaca Road
6.4 CITY-ST-ZIP	Sterling, VA 20164

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: **Kathryn E Koblos** (Secretary)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (703) 713-0300

Date Daytime Phone #

CR2E034 (9/96)