

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004093 (1)

1. Corporation Name

GOVERNMENT GUARANTEED LOAN INSTITUTE, INC.

Principal Place of Business

Mailing Address

10266 COLONY PARK DRIVE
FAIRFAX VA 22032

10266 COLONY PARK DRIVE
FAIRFAX VA 22032

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/07/1993** 3a. Date of Last Report **02/04/1994**

4. FEI Number **54-1640268** Applied For Not Applicable

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 interjurisdiction tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **4041 University Drive**

26 **4041 University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **200**

27 **200**

City & State

City & State

23 **Fairfax, VA**

28 **Fairfax VA**

Zip Country

Zip Country

24 **22030**

25

29 **22030**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLACK, JAMES C
7030 SW 144 PLACE
MIAMI FL 33183**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent (not filed separately)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPT**
NAME **STEVENSON, KYLE S**
STREET ADDRESS **10266 COLONY PARK DRIVE**
CITY-ST-ZIP **FAIRFAX VA 2203-2**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE **VS**
NAME **STEVENSON, SONIA**
STREET ADDRESS **10266 COLONY PARK DRIVE**
CITY-ST-ZIP **FAIRFAX VA 2203-2**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing 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 a 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 checked, or in an attachment with an address.

SIGNATURE:

Kyle S. Stevenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 703-385-5350
DATE (typed) Telephone Number