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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F9400000145 (2)

DOCUMENT #

JOHN J. CHRISTIE & ASSOCIATES, P.C.

•						
Principal Place of Business Mailing Address 5028 WISCONSIN AVE. NW #200 WASHINGTON DC 20016 WASHINGTON DC 20016 Mailing Address 5028 WISCONSIN AVE. NW #200 WASHINGTON DC 20016					8441 84111 84111 84101	11411 41111 4111 1441
				3. Date Incorporated or Qualified 01/11/1994	3a. Date of Las 05/31/	
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
1		26		52-1666009		Not Applicable
Serte, Apt. #, 6 2	etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		75 Additional se Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 6	.00 May Be Ided to Fees
	Country	Ζφ	Country	8. This corporation has liability for it	A. J	rs 199.032,
4	25	29	30	Florida Statutes Yes	enistared Anent	
	9. Name and Address of Curi	rent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
DD/CTD/	NI DADDEI					
	om, darrel Zanne way		82 Street Addi	ess (P.O. Box Number is Not Acceptab	le)	
LONGWOOD FL 32779			83	83		
LONGINO	00 12 02/10				[ar]	7. Code
			84 City		FL 85	Zip Code
familiäe with, SucaniaTotea	lagent, or both, in the State of F and accept the obligations of, S makes typed output same alregations at	ection 607.0505, Florida Statutes.	act by the corporation's boat		DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		<u> </u>
1015	CDPT	[] DELETE	1 1 THLE		☐ Char	ige [Add-tion
NAM:	CHRISTIE, JOHN J	*** ***	1.2 NAME			
STH-EL ADDRESS	5028 WISCONSIN AVE., I		1.3 STREET ADDRESS			
OTV SUZP	WASHINGTON DC 20016		1.4 CHY - S1 - ZIP		☐ Chai	nge Addition
1 111	S MADD CUIDTIC	DELETE	2 1 TITLE		[_] Chai	ige [] Addition
NAME	WARD, CURTIS 5028 WISCONSIN AVE., I	√W #200	2.2 NAME			
STHLE ADDRESS	WASHINGTON DC 20016		2 3 STREET ADDRESS			
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Oh St Ze			3.4 CITY - ST ZIP			
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NAME			4.2 NAME			
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City St-Zif		ET DOLLET	4 4 CiTY - ST - ZIP			nos 🔲 Addition
THE		☐ DELETE	5 1 TiTLE		Cha	nge [] Addition
MVE			5.2 NAME			
STREET ADDRESS			5.3 STREET ADURESS			
CON STAZE		DELFTE	5 4 C(1)Y · \$1 - Z(P) 6 1 TITLE		☐ Cha	nge 🔲 Addition
1) F +1244		[] sea.c	6 2 NAME		-	
NAME STEPELATORESS			6.3 STREET ADDRESS			
7915 CL 200			6.4 CITY - ST - ZIP			
14. I do hereby certify that to	the information indicated on this and an officer or director of the o		nished and does not qualify nual report is true and accur se empowered to execute the	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F		

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SHORTING OFFICER OR DIRECTOR

2/22/96 202364-44/0