FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:02

DOCUMENT # **F94000003383 (6)**

1. Corporation Name
NORTHERN VIRGINIA REALTY, INC.

Principal Place of Business	Mailing Address
% THEODORE H. BOINIS 2115 S. OCEAN BLVD #9 DELRAY BEACH FL 33484 33483	% THEODORE H. BOINIS 2115 S. OCEAN BLVD #9 DELRAY BEACH FL 33484 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) 33483: Country (30)

4. FEI Number: 54-0915169 — 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 intangible tax under S. 199.072, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOINIS, THEODORE H
2115 S. OCEAN BLVD #9
DELRAY BEACH FL 33484 33483

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: 33483

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	CP	1 TITLE	☐ Change ☐ Addition
NAME	BOINIS, THEODORE H	1 NAME	
STREET ADDRESS	2115 S. OCEAN BLVD #9	1 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL 33484 33483	1 CITY ST ZIP	
TITLE	STD	2 TITLE	☐ Change ☐ Addition
NAME	BOINIS, MARY I	2 NAME	
STREET ADDRESS	2115 S. OCEAN BLVD #9	2 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL 33484 33483	2 CITY ST ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	BOINIS, JOHN C	3 NAME	
STREET ADDRESS	4235 W. TRADEWINDS AVE	3 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33308	3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report.

SIGNATURE: Theodore H. Boinis-Pres. 1/10/95 407 276 4113
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
THEODORE H. BOINIS

0277066 CP