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

F9400005123 (4) **DOCUMENT #**

LASALLE, MAYFAIR, ST. JOHN & CO.



	1
697 ROSSMORE COURT GREAT FALLS VA 22066 GREAT FALLS VA 22066	
	3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1995
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	54-1708247 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired Service Servi
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	B. This corporation has liability for intangible tax under s 199.032, Florida Statutes
24 25 29 30 30 30 S. Name and Address of Current Registered Agent	Florida Statutes
81 Name	10. Name and Address of the Tregister Agent
0051105 15 1511111	
CSENGE JR, JOHN L 12806 HARBORWOOD DRIVE	Address (P.Ö. Box Number is Not Acceptable)
LARGO FL 34644	A
<u> </u>	Let Z. O. d.
84 City	FL 85 Zip Code
familiar with, and accept the obligations of. Section 607.0505, Florida Statutes SIGNATURE Signature, typed or pointed name of registered agent wideline at a gradual to the company of the production of the company	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE POT DELETE 11TILE	☐ Change ☐ Addition
NAME GUNTLE JR, JAMES R 12 NAME STREET ADDRESS 697 ROSSMORE COURT 13 STREET ADDRESS	
ODMAT PALLO VA	
CITY-SI-ZIP GREAT FALLS VA 14 CITY-SI-ZIF TITLE S DELETE 2 1 TITLE	Change Addition
NAME MICKEY, TIMOTHY S 22 NAME	
STREET ADDRESS 697 ROSSMORE COURT 2.3 STREET ADDRESS	
CITY-S1-ZIP GREAT FALLS VA 24 CITY-S1 ZIF	
TITLE DELETE 3 1 T-ILE	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-S1-7IP 3.4 C-TY-S1-7IP	
TITLE DELETE 4 1 TITLE	Change Addition
NAME 42 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	Cnange Addition
NAME 52 NAME	C sumas C vigorion
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6+TIFLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 SHKEFT ADDRESS	
CITY-SI-ZIP 64 CITY-SI-ZIP	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 topical point or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if companies and that my name and accurate the control of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR