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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006261 (1)**

1. Corporation Name

AMERICAN FINANCE & INVESTMENT, INC.



Principal Place of Business

**3609-E CHAIN BRIDGE RD
FAIRFAX VA 22030**

Mailing Address

**3609-E CHAIN BRIDGE RD
FAIRFAX VA 22030**

2. Principal Place of Business

21 **10306 EATON PLACE**

Suite, Apt. #, etc.

22 **SUITE 220**

City & State

23 **FAIRFAX, VA**

Zip

24 **22030**

Country

25 **FAIRFAX**

2a. Mailing Address

26 **10306 EATON PLACE**

Suite, Apt. #, etc.

27 **SUITE 220**

City & State

28 **FAIRFAX, VA**

Zip

29 **22030**

Country

30 **FAIRFAX**

g. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.1503, 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 of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RODGERS, JOHN T	
STREET ADDRESS	3609-E CHAIN BRIDGE RD.	
CITY-STATE-ZIP	FAIRFAX VA 22030	
TITLE	DC	☐ DELETE
NAME	MEYER, KYLE E	
STREET ADDRESS	3609-E CHAIN BRIDGE RD.	
CITY-STATE-ZIP	FAIRFAX VA 22030	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	☒ Change ☐ Addition
2. NAME	RODGERS, JOHN T.	
3. STREET ADDRESS	10306 EATON PLACE, SUITE 220	
4. CITY-STATE-ZIP	FAIRFAX, VA 22030	
5. TITLE	DC	☒ Change ☐ Addition
6. NAME	MEYER, KYLE E.	
7. STREET ADDRESS	10306 EATON PLACE, SUITE 220	
8. CITY-STATE-ZIP	FAIRFAX, VA 22030	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

703-352-0192

CR2E034 (12/95)