FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LUCRIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # F95000 MMERCIAL, INC.	0000383 (8)		
Principal Place of Business		Mailing Address		r statiste eine imiet mirt monit botte detri abilt unte siebe iding bitt imme
950 HERNDON PARKWAY		950 HERNDON PARKWAY		
SUITE 200 HERNDON VA 22070		SUITE 200 HERNDON VA 22070		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
				01/24/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		54-1736489 Not Applicab
Suite, Apt.		Suite. Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 201	70 25	Zip 29 20170	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	10. Name and Address of New Registered Agent		
HOLLOWELL, RICHARD 81 Name GELL MAN				LMAN, ROBERT Address (P.O. Box Number is Not Acceptable)
927 CLINT MOORE ROAD BOCA_RATON FL 33487			82 Street	Addréss (P.O. Box Number is Not Acceptable) 7. CL/N7 MOORE ROAD
00	OF PATOR TE 35407		83	1 CEINT MOUNE PORT
			84 City	Total VI. Control
			I D'AC	A RATON FL 85 Zip Code 33487
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida, Such change was a	s, the above-named uthorized by the corp	corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obliga Comulled Head	tions of, Saction 607.0505, Flor	rida Statutes. سا	8Pla14 9Pla1
SIGNATURE	Signifiure, typed or printed name of registured agen	t and title d'applicable (NO1)	Registered Agent signature	required when reinstalling) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT COLUMN	DELETE	1.1 TITLE	$\rho/\tau/D$ Change \Box Addition
NAME	KALLIVOKAS, CHRISTOPHER	20	1,2 NAME	•
STREET ADDRESS	950 HERNDON PARKWAY #2 HERNDON VA	JU	1.3 STREET ADDRESS	
CITY-ST-ZIP	AS	⊠ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Chance Addition
NAME	KALLIVOKAS, PATRICIA	Jes vetere	2.2 NAME	C comits C require
STREET ADDRESS	950 HERNDON PARKWAY #2	00	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA		2. 4 CITY - ST - ZIP	
TITLE	AS	DELETE	3.1 TITLE	Change Addition
NAME	LEVY, BRUCE M		3.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY, #2	200	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	· · · · · · · · · · · · · · · · · · ·	3.4. CITY - ST - ZIP	2017D ■ Change □ Addition
TITLE	8	☐ DELETE	4.1 TITLE	Change Addition
NAME	KALLIVOKAS, SCOTT		4. 2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY, #2	, OU	4.3 STREET ADDRESS	.
CITY-ST-ZIP	HERNDON VA	☐ DELETE	4.4 CITY - ST - ZIP	20/70
TITLE		☐ DETEI\$	5.1 TITLE	Mange ☐ Addition
NAME CTREET ADDRESS			5.2 NAME	40
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETÉ	6.1 TITLE	☐ Change ☐ Addillio
NAME	÷	**************************************	6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - S1 - ZIP	

14. I hereby certify that the information supplied with this tiling 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 on an attachment with an address.