

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000409 (1)

1. Corporation Name
THE KALVEST GROUP, LTD., INC.



Principal Place of Business: **14 PIDGEON HILL DR. SUITE 300 STERLING VA 20165**
Mailing Address: **14 PIDGEON HILL DR. SUITE 300 STERLING VA 20165**

21	2a. Principal Place of Business	26	2a. Mailing Address
	950 HERNDON PARKWAY		950 HERNDON PARKWAY
22	Suite, Apt. #, etc. SUITE 200	27	Suite, Apt. #, etc. SUITE 200
23	City & State HERNDON, VA	28	City & State HERNDON, VA
24	Zip 22070	29	Zip 22070
25	Country	30	Country

3. Date Incorporated or Qualified: **01/25/1995** 3a. Date of Last Report

4. FEE Number: **APPLIED FOR 54-1748079** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature: typed or printed name of registered agent and filer of application (NOTE: Fugate of Agent signature required when new) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLIVOKAS, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	14 PIDGEON HILL DR.	1.3 STREET ADDRESS	950 HERNDON PARKWAY, #200
CITY-STATE-ZIP	STERLING VA 20165	1.4 CITY-STATE-ZIP	HERNDON, VA 22070
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLIVOKAS, PATRICIA	2.2 NAME	
STREET ADDRESS	14 PIDGEON HILL DR.	2.3 STREET ADDRESS	950 HERNDON PARKWAY, #200
CITY-STATE-ZIP	STERLING VA 20165	2.4 CITY-STATE-ZIP	HERNDON, VA 22070
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BRUCE M	3.2 NAME	
STREET ADDRESS	1120 19TH ST., N.W.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WASHINGTON DC 20036	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 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: *Chell* **3/5/96** **703/742-6789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)