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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham y

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001519 (6) 1. Corporation Name DIAL & SAVE OF FLORIDA, BETA, INC.

14. Ido hereby certify that the information supplied with information indicated on this annual report or supple I am an officer or director of the corporation or the papears in Block 12 or Block 13 if changed at on the

FILED Jun 10 1997 8:00am Secretary of State



4219 LAFAYETTE CENTER DRIVE CHANTILLY VA 22021		4219 LAFAYETTE CENTER DRIVE CHANTILLY VA 20151-1209							
						3. Date Incorporated or Qualified 03/29/1995	3a. Date o		Report
2. Principal Pi	ace of Business	2a. Mailing Address			····	4. FEI Number APPLIED FOR 54-1	754525		oplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional Fee Regulred			
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip Country 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
27	9, Name and Address of Curre		1301			10. Name and Address of New Re			
CT	CORPORATION SYSTEM			81	Name				
1200	SOUTH PINE ISLAND ROAD NTATION FL 33324		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
, PLA	NIAIION FL 33324			вэ					
			-	B4	City		FL 8	5 Zip	Code
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 as					uired when reinstating)	DATE		
12.		ID DIRECTORS	13.	Ager	nt signature reco	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	RECTOR	RS IN 12
TITLE	PSD	DELETE	1.1 701	F		NADITIONAJOTININGEO TO OTTIC		Change	Addition
NAME	BURNS, DONALD A	-	1.2 NA)				
STREET ADDRESS	4219 LAFAYETTE CENTER D	rive			ADDRESS				
CITY-ST-ZIP	CHANTILLY VA 22021		1.4 CIT						
TITLE	TDO	DELETE	2.1 TITL		<u> </u>			Change	Addition
NAME	LUKEN, HENRY G III		22 NA	ΛE	-				
STREET ADDRESS	4219 LAFAYETTE CENTER D	rive			ADDRESS	•			
CITY-ST-ZIP	CHANTILLY VA 22021		2. 4 CiT		1				
TITLE		DELETE	3.1 7(7)	_	···			Change	☐ Addition
NAME			3.2 NA	ΝE					
STREET ADDRESS			3.3 STP	EET.	ADDRESS				
CITY-ST-ZIP			3.4 GIT	Y-8	1 - ZIP				
TITLE		DELETE	4.1 TIT					Change	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	EET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-S1	I-ZIP	\	Λ		
TITLE		DELFTE	5.1 TITL	.E		1110	11/1	Change	Addition
NAME			5.2 NAM	ΛE	l	1. 20 11	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
STREET ADDRESS			5.3 STF	EET.	ADDRESS	V . 1	$^{\prime\prime}$		
CITY-ST-ZIP		<u> </u>	5,4 CIT	Y - ST	I - 21P				
TITLE		DELETE	6.1 7(1)	.F				Change	Addition
NAME			6.2 NAM	AF.		9000022 1 -06/12/970110	D233	3	
STREET ADDRESS			6.3 STR	EE1 a	ADDRESS	-06/12/970110	Jb004		

This filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that deliver it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name