

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003368 (6)**
1. Corporation Name
GUEST SERVICES COMPANY OF VIRGINIA



Principal Place of Business 3055 PROSPERITY AVE FAIRFAX VA 22031	Mailing Address 3055 PROSPERITY AVE FAIRFAX VA 22031
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1298012	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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 titled applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMEGLIO, S.J.	1.2 NAME	
STREET ADDRESS	3055 PROSPERITY AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	1.4 CITY-ST-ZIP	
TITLE	PCOD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRYS, GERARD T	2.2 NAME	
STREET ADDRESS	3055 PROSPERITY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW A. NORMANDEAU	3.2 NAME	
STREET ADDRESS	3055 PROSPERITY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD T. HALLAGAN	4.2 NAME	
STREET ADDRESS	3055 PROSPERITY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. LOGAN DOWLER	5.2 NAME	
STREET ADDRESS	3055 PROSPERITY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 amendment with an address.

SIGNATURE:

C. JAY SLOAN, JR.
VICE PRES. / TREAS.

4/24/98 (703) 849-9300

CR2E034 (10/97)