

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

FILED  
May 05 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 # F97000001125 (0)

1. Corporation Name

TAKEOUT TAXI OF ORLANDO, INC.

Principal Place of Business

1175 HERNDON PARKWAY SUITE 900  
HERNDON VA 20170

Mailing Address

1175 HERNDON PARKWAY SUITE 900  
HERNDON VA 20170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1516 East Colonial Dr.	26	same	03/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	120E	27		54-1417966	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Orlando, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32803	25	Country USA	29	
9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent	
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE FL 32301		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman + CEO / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWE, WILLIAM D	1.2 NAME	Martin Brady
STREET ADDRESS	1175 HERNDON PARKWAY SUITE 900	1.3 STREET ADDRESS	1175 Herndon Parkway, #900
CITY-ST-ZIP	HERNDON VA 20170	1.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE	VCFO	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOESCHER, WILLIAM T	2.2 NAME	David McKinnon
STREET ADDRESS	1175 HERNDON PARKWAY SUITE 900	2.3 STREET ADDRESS	1175 Herndon Parkway, #900
CITY-ST-ZIP	HERNDON VA 20170	2.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE	S	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISHNER, MARK J	3.2 NAME	Doug Williamson
STREET ADDRESS	1175 HERNDON PARKWAY SUITE 900	3.3 STREET ADDRESS	1175 Herndon Parkway, #900
CITY-ST-ZIP	HERNDON VA 20170	3.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE		4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Alan Miller
STREET ADDRESS		4.3 STREET ADDRESS	1175 Herndon Parkway, #900
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Herndon, VA 20170
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attachment with an address.

SIGNATURE

4/22/98

7/23/98 11:00am

CR2E034 (10/97)