

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90080 038 ***150.00

DOCUMENT # **F97000002801**

1. Corporation Name

BELTWAY MANAGEMENT COMPANY

Principal Place of Business

**10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US**

Mailing Address

**10770 COLUMBIA PIKE
SILVER SPRING MD 20901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/28/97

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

23. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

29

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3. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

12. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LANDRY, DONALD J	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DIRICO, ANTONIO	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	VCFT	<input type="checkbox"/> DELETE
NAME	MACCUTCHEON, JAMES A	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	SVCS	<input type="checkbox"/> DELETE
NAME	VERNER, DOUGLAS H	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE	VCS	<input type="checkbox"/> DELETE
NAME	WILLIAM, PAMELA M	
STREET ADDRESS	10770 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD 20901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA M. WILLIAMS

DATE

DATE

2/26/99

201-592-389