

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

FILED
Apr 15 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 # F97000003440 (1)
 1. Corporation Name
INTEROFFICE MANAGEMENT, INC.



Principal Place of Business 11350 RANDOM HILLS RD SUITE 650 FAIRFAX VA 22030	Mailing Address 11350 RANDOM HILLS RD SUITE 650 FAIRFAX VA 22030
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/02/1997
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 54-1462372
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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, FRANK J	1.2 NAME	Linda Marshall
STREET ADDRESS	11350 RANDOM HILLS RD SUITE 650	1.3 STREET ADDRESS	11350 Random Hills Rd., Suite 650
CITY-ST-ZIP	FAIRFAX VA 22030	1.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	V SVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWINLEY, KAREN	2.2 NAME	Jdame McDaniel
STREET ADDRESS	11350 RANDOM HILLS RD SUITE 650	2.3 STREET ADDRESS	11350 Random Hills Rd, Ste 650
CITY-ST-ZIP	FAIRFAX VA 22030	2.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	C <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Terrence J. Burns <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWINLEY, PAUL A	3.2 NAME	Secretary / Treasurer
STREET ADDRESS	11350 RANDOM HILLS RD SUITE 650	3.3 STREET ADDRESS	11350 Random Hills Rd., Ste 650
CITY-ST-ZIP	FAIRFAX VA 22030	3.4 CITY-ST-ZIP	Fairfax, VA 22030
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Scott Reckler
STREET ADDRESS		4.3 STREET ADDRESS	225 Broad Hollow Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Daniel Di Seno
STREET ADDRESS		5.3 STREET ADDRESS	225 Broad Hollow Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Melville, NY 11747
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Arnold Widder
STREET ADDRESS		6.3 STREET ADDRESS	225 Broad Hollow Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Melville, NY 11747

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.

CR2E034 (10/97)

SIGNATURE _____

Additional Board of Directors

Director
Jon Halpern
Two Manhattanville Rd.
Suite 205
Purchase, NY 10577

Director
Martin Rabinowitz
10 East 50th St.
NY, NY 10022