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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700004397 (2)

GRANTS MANAGEMENT ADVISORY SERVICE, INC.

Principal Place of Business

1725 K ST. NW #700 WASHINGTON DC 20007

Mailing Address

1725 K ST. NW #700 WASHINGTON DC 20007

## FILED Feb 17 1998 8:00am Secretary of State



					DO NOT WRITE IN THIS SP.	ACE
					3. Date Incorporated or Qualified 08/20/1997	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26 GRANTS MANA	GEMENT	ADVISORY	/ 52-1016460	Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc. 27 5201 W. Kennedy Blud 950			\$8.75 Additional Fee Required
City & State	<del></del>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28 Tampa	FL		Trust Fund Contribution	Added to Fees
Zip 24 200	Country	Ζίρ	Count		8. This corporation owes or has paid the currer	nt year Intangible
<b>24</b> 200	06 25	<sub>29</sub> 33609	30	U574.	Personal Property Tax due June 30.	Yes No
E, realise and Address of Carrette frogrammes Agon.						
CORPORATION SERVICE COMPANY 81 Name						
120	1 HAYS STREET		82 Street Addre		ess (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32301-25	525	ľ	Sircor Addit	(i.e. box Hamber is Not / Coopidate)	
			Ē	3		
			6	4 City	FL	85 Zip Code
		007.0500	1			handra ita radatarad
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	Signatura, typed or printed name of re-	gistored agent and life if applicable (NO	TE Registered A	ogent signature require		
12.		DERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PS	☐ DELETE	1.1 TITU			Change 🔲 Addition
NAME	MUSSELWHITE, DAPH		1.2 NAM	E		
STREET ADDRESS	1725 K ST. NW #700		1.3 STRE	ET AODRESS		
CITY-ST-ZIP	WASHINGTON DC 200	007	1.4 City	-ST-ZIP	VASHMIGTON DC 20006	
TITLE	T	☐ DELET <b>e</b>	2.1 TiTL		<b>X</b>	Change 🔲 Addition
NAME	Ozalas, Joseph G		2.2 NAM	E		
STREET ADDRESS	1725 K ST. NW #700		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 200	007	2. 4 CITY	(-ST-ZIP W	ASHINGTON DC 20006	
TITLE	DC	☐ DELETE	3.1 TITL		<u> </u>	Change
NAME	THOMPSON, RICHARI		3.2 NAM	E		İ
STREET ADDRESS	1725 K ST. NW #700		3.3 STRE	ET ADDRESS		-
CITY-ST-ZIP	WASHINGTON DC 200	007	3.4. CITY	-ST-ZIP W	ASHINGTON OC 20006	
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NAN	1E		ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - ZIP		
TITLE		DELETE	5.1 TiTL			Change Addition
NAME			5.2 NAM	E		l
STREET ADDRESS			5.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP				-S1-ZIP		
TITLE	·····	DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	ε		l
STREET ADDRESS			6.3 STRE	ET ADDRESS		
City St. 7ip				- ST - 7/P		

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.

CICMATUDE.

June A. G

fremmer

1/22/98

202-872-4000