PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800005248

1. Corporation Name

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90021 012 ***150.00

117 COR	P.						
Principal Place	of Business	Mailing Address			I MANITAL ITIE IBIOI ANTII ANTII ANTII ANTII ANTII ANTII ANTII ANTII	8 8141 BILL HEL	1 81681 1811 1881
4141 N. HENDERSON ROAD. #8 ARLINGTON VA 22203 4141 N. HENDERSON ROAD. #8 ARLINGTON VA 22203				•			
					DO NOT WRITE IN THIS	3 SPACE	
					Date Incorporated or Qualifed 09/18/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Α	Applied For
21 26					APPLIED_FOR	1	lot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22					6. Election Campaign Financing	\$5.00	May Be
23 28				1 - 1 - 1		to Fees	
Zip	Country .	Zîp	Country		8. This corporation owes the current year Ir	ntangible	
24	25	29	30		Personal Property Tax.	Yes 🗀	□No
	9. Name and Address of Current				10. Name and Address of New Registered	l Agent	
			81	Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
TALL	AHASSEE FL 32301-2525		83				
ļ						os 7ir	Code
	•		84	City	Fi	_ 85 Zip	Code
SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered Age	•	red when reinstating) DATE	ND DIDECT	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PCS	☐ DELETE	1.1 TITLE				, La rodition
NAME	WALTERS, ARTHUR L	, •	1.2 NAME				
STREET ADDRESS	4141 N. HENDERSON ROAD, #	8		TADDRESS			
CITY-ST-ZIP	ARLINGTON VA 22203	☐ DELETE	1.4 CITY-S	T-ZIP	the second secon	☐ Change	e
TITLE						<u></u>	
NAME	WALTERS, MARK W	a	2.2 NAME	TADDOTES			
STREET ADDRESS	4141 N. HENDERSON ROAD, #	8		TADDRESS			
CITY-ST-ZIP	ARLINGTON VA 22203	☐ DELETE	2. 4 CITY-5	51-ZIP		Change	e
TITLE	_		3.2 NAME				
NAME	PEARSON, MAX H 7400 MIDLOTHIAN ROAD			T ADDRESS			
STREET ADDRESS	RICHMOND VA 23225		3.4, CITY-5				
CITY-ST-ZIP TITLE			4.1 TITLE	EII		☐ Change	B Addition
NAME	_	_	4. 2 NAME	Ì			
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY- S				
TITLE		☐ DELETE	5.1 TITLE			Change	e 🗌 Addition
NAME			5.2 NAME		-		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		•	
TITLE		☐ DELETE	8.1 TITLE			☐ Change	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			•
1	1		64 CITY-S	T 210	•		

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 of 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 of 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 changes of the natagement with an address, with all other like empowered.

SIGNATURE: