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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

111

1. Corporatio	in Name CO, INC.	- (1)				
Principal Plac	e of Business	Mailing Address		1 1031(11, \$63) 10301 10110 10131 01010	1183 61810 81811 61811 61811 81811 61811 1881	
1401 N TAFT	ST	P O BOX 25492				
STE 308 WASHINGTON DC 20007 ARLUIGHTON VA 22201 US			DO NOT WEI	TE IN THIS SPACE		
US			3. Date Incorporated or Qualified			
				01/17/1984	<i>'</i>	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 4000	Calkedral Ave. N. W.	26		59-2370839	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 AP+ # 323B 27				O Commodio of Cialdo Bosillos	Fee Required	
City & State  City & State  City & State  City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip Zip	Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees	
24 200	_ · · / · ·	<del> </del>	30	This corporation owes or has personal Property Tax due Jui		
	9, Name and Address of Current			10. Name and Address of New F		
EU	IGETT, RAYMOND T. JR.		81 Name			
501 EAST KENNEDY BLVD. SUITE 1400				Address (P.O. Box Number is Not Accept	able)	
TAMPA FL 33601				otheet Audiess (1.0. Dox Number is 1901 Acceptable)		
			63			
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida <b>Statut</b> es f Florida. Such change was au	s, the above-named Ithorized by the core	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes.	, , , , , , , , , , , , , , , , , , , ,	op. mo appending to registere	
SIGNATURE	Signature, typed or printed name of registered agent	and the flanciaphie ANOTE.	Registered Agent signature		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	Change	
NAME	HARAM, MAHER T		1.2 NAME	MADAM MAHER L		
STREET ADDRESS	1401 N TAFT ST #308		1.3 STREET ADDRESS	4000 carredial AV	e. N.W. # 323 D	
CITY-ST-ZIP	ARLINGTON VA		1.4 CITY-ST-ZIP	washington, D.C	. 20016	
TITLE	VP	☐ DELETE	2.1 TITLE	Vice President	Change Addition	
NAME	HARAM, ZAHER		2.2 NAME	HARAM, Zahez	7#323 B	
STREET ADDRESS	1401 N TAFT ST #308		2.3 STREET ADDRESS	4000 Cathedral A		
CITY-ST-ZIP	ARLINGTON VA		2, 4 CITY-ST-ZIP	washington, D.	C.20016	
TITLE		☐ DELETE	3.1 TITLE	7 ,	☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	<del>-</del>	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		L. Better	4.2 NAME		C change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. Thereby co	ertify that the information supplied with	this filing does not qualify for	the exemption state:	d in Section 119.07(3)(i), Florida Statutes.	further certify that the information	

the will this limit does not doubly to the execute this report as required by Chapter 607, Florida Statutes, number certify that are informatic mental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an execute or truested empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or sup officer or director of the corporation a Block 12 or Block 13 if changed of o