SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H38923

(9)

RISA J. EDWARDS, PH.D., P.A.

Principal Place of Business

Mailing Address

FILED Sep 10 1997 8:00am Secretary of State



7808 FOXHOU MCLEAN VA 2		7808 FOXHOUND ROAD MCLEAN VA 22102									
US		US					O NOT WRITE				
			. <u></u>			Date Incorporated 01/21/1985	d or Qualified	1	of Last Re) 7/1996	eporl	
2. Principal P 21 909	Place of Business OENTON PARK ROAD	26 9090 EATON	Arlo	ROAG		FEI Number 59-2486854			 	plied For ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5.	Certificate of State	us Desired		\$8.75 A Fee Re		
City & Stat	- falk, Virginia	28 Great Fals	, Vi	ralnia	6.	Election Campaig Trust Fund Contril	_		\$5.00 Added t		
25 US 29 22 066 30 US						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
1 01.1	9. Name and Address of Current	Hegistered Agent	81	Name	10.	Name and Addre	SS OI NEW REC	istered A	jent		
	A, GEORGE			Name	_						
255 ALHAMBRA CIRCLE SUITE 715					Address (P.	.O. Box Number is	Not Acceptable	le)			
CORAL GABLES FL 33134											
UUI	HAL GABLES I'C 33/34										
			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											
12.	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ant signature n		ADDITIONS/CHAN	GES TO OFFIC		DIRECTOR	S IN 12	
TITLE	PST	DELETE	1.1 TITLE			DDITIONOZOTAN	013 10 01110	CHO AND L	Change	Addition	
NAME	EDWARDS, RISA J		1.2 NAME	ļ				-			
STREET ADDRESS	7808 FOXHOUND ROAD		1.3 STREET	ADDRESS							
CITY-ST-ZIP	MCLEAN VA 22102		1.4 CITY-5								
TITLE		DELETE	2.1 TITLE	,1-211					Change	Addition	
NAME			2.2 NAME	ļ				-	_ •		
STREET ADDRESS			2.3 STREFT	ADDRESS							
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TITLE		DELETE	3 1 TITLE						Change	Addition	
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP						į	
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TITLE		☐ DELETE	5.1 TITLE	ļ					Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRESS							
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TITLE		DELFTE	61 TITLE	1				L	Change	Addition	
NAME			6.2 NAME							,	
STREET ADDRESS		•	6.3 STREET	ADDRESS							
CITY-ST-ZIP		the state end of the state of the	6.4 CITY-5		-4	-ti 440 07(0V)	Fig. data Disease	(4			
14. I do 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.											