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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H38923

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

Principal Place of Business Mailing Address						#1#11 #1#11 #1#+1 <b>#1</b> #		
9090 EATON PARK ROAD GREAT FALLS VA 22066		9090 EATON PARK ROAD Great Falls va 22066				DO NOT WRITE IN THIS SPACE		
บร		US				3. Date Incorporated or Qualified		
						01/21/1985		
Principal Place of Business 2a. Mailing Addre			SS			4. FEI Number	App	lied For
24 - Tillcipart i	200 01 20311033	26				59-2486854	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> Ac Fee Req	I .
City & State		City & State				6. Election Campaign Financing	\$5.00 N	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip				8. This corporation owes the current year In	nta <u>ng</u> ible 🦴	
24	25	29	30			Personal Property Tax.		No
	9. Name and Address of Currer	nt Registered Agent		241		10. Name and Address of New Registered	1 Agent	
17614	OFORCE			81	Name			
255	, George Alhambra Circle			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	E 715			83				
COR	AL GABLES FL 33134			84	City		85 Zip C	ode
						<u> </u>	<u> </u>	es gistara d
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change t	was authorize	a ov t	he corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appr	ointment as reg	pistered
SIGNATURE						ind when reinstation) DATE		
Signature, typed or printed name of registered agent and title if applicable. (f				Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
12.	PST OFFICERS AI	DELE			Τ.		☐ Change	☐ Addition
NAME	EDWARDS, RISA J			1.2 NAME				
STREET ADDRESS	9090 EATON PARK RD		1.3 \$		ADORESS			
CITY-ST-ZIP	GREAT FALLS VA 22066			1.4 CITY-ST-ZIP		·	مسينت الا	
TITLE		DELETE 2.11					☐ Change	Addition
NAME			2.2 N	IAME				
STREET ADDRESS			2.3 S	TREET	ADDRESS			j
CITY-ST-ZIP	-		2.40	CITY-ST	-ZIP			
TITLE	☐ DELETE		TE 3.1 T	3.1 TITLE			Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				CITY-ST	r-ZIP			
TITLE		☐ DELE	TE 4,1 T	TILE			Change	Addition
NAME			4.21	NAME				
STREET ADDRESS			4,3 S	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	-ZIP			[ ] Addition
TITLE		☐ DELÉ		TTLE			☐ Change	Addition
NAME				HAME	, nance 2			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				TTLE	-ZIP		☐ Change	Addition
TITLE		☐ DELE		IAME .	,		Пови	C COOLDON
NAME			1		ADDRESS			
			a n3.5	INCCI	en AURICAN I			I

SIGNATURE:

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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, with all other like empowered.

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90039 010 \*\*\*150.00