HUTCHINSON, MARC C. 2879 MARCEY ROAD ARLINGTON VA LI ADDRESS 3979 ARLINGTON VA D D D D D D D D D D D D D D D D D D D	PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	Sandra Secr DIVISION C	PARTMENT OF STATE <b>a B. Mortham</b> etary of State OF CORPORATIONS		r 25 Ig ecreta	997 8: ry of S	
	rporation Name	× /					
	SOUTHPOINT DRIVE N. E 430	6900 SOUTHPOINT C SUITE 490 JACKSONVILLE FL 3		3. Date Incorpora	ated or Qualified		
Bit     Statu     South Apl. A. etc.       SUITE_250     72     SUITE_250     5. Centilicate of Status Desired     \$8.75 Additional Fee Required       If & Statu     Country     7     Country     5.00 May Be dade to Fee       If a     Country     7     Country     8. The corporation has tability for intraciple tax under s. 199.032, Enclose Status       If a     Country     7     Country     8. This corporation has tability for intraciple tax under s. 199.032, Enclose Status       If a     Country     7     Country     10. Name and Address of Current Pegistered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       SWEEKSOW/ILE FL 32218     10. Name and Address of New Registered Agent     10. New Registered Agent	ncipal Place of Business	2a. Mailing Address			6	1	
SUITE_250         SUITE_250         F. Contricate Output Desired         The Required           19 & State         5. Do thy & State         6. Election Campaign Financing         \$5.00 May Be           19 & State         28         29         90         Financial Campaign Financing         \$5.00 May Be           19 & State         29         29         90         Financial Campaign Financing         \$5.00 May Be           19 & State         29         29         90         Financial Campaign Financing         \$5.00 May Be           20 Amme and Address of Current Registered Agent         10. Name and Address of Current Registered Agent         10. Name and Address of Now Registered Agent         90.02.           SWEEKSON/LLE FL 32216         11 Name         10. Name and Address (F.O. Box Number is Not Acceptable)         10. State Address (F.O. Box Number is Not Acceptable)           463         SUITE_250         12 Name         10. Name and Address (F.O. Box Number is Not Acceptable)         10. State Address (F.O. Box Number is Not Acceptable)           40144         12 Name         10 Name and Address (F.O. Box Number is Not Acceptable)         10. State Address (F.O. Box Number is Not Acceptable)         10. State Address (F.O. Box Number is Not Acceptable)           40144         12 Name         12 Name         10 Name         10 Name         10 Namme         10 Namme	· · · · · · · · · · · · · · · · · · ·			59-2651	583		Not Applicabl
by 6. Statu:       Cry & Statu:       B. Election Campage Frances       \$5.00 May Be Added to Feed         p       Country       21p       Country       8. This corporation has itability for intengible fax under s. 199.032, Finded Statutes       No       No         p. Name and Addess of Current Perjustered Agent       9. Name and Address of Nov Registered Agent       91       Name       Name       No       No         SAMKERS, GUS       Better Statute       P       10. Name and Address of Nov Registered Agent       91       Name       Name       SUTE       25.00       100       100         SAMKERS, GUS       Better Street Address (P.O. Box Number is Not Acceptable)       93       SUTE       25.00       100 <td< td=""><td></td><td></td><td>250</td><td>5. Certificate of S</td><td>itatus Desired</td><td></td><td></td></td<>			250	5. Certificate of S	itatus Desired		
P         Country         Zp         Country         8. This corporation has lability for intenglists to a vertice 1.99.032. Florida Stabutes         Non           9. Name and Address of Current Registered Agent         Florida Stabutes         1 vertices         Non           SAWKERS, GUS         60         SOUTHED INT DO N SUITE 430         1 vertices		City & State					
Annee and Address of Current Registered Agent     SANKERS, GUS     Geod SOUTH/POINT DR N SUITE 430     JACKSONVILLE FL 32216     Suite FL 322	Country		·	······································			
SANKERS, GUS     B1     Name       BOD SOUTHPOINT DR N SUITE 430 JACKSONMILLE FL 32216     B1     Name       B2     Streat Address (P.O. Box Number is Not Acceptable)       B3     SUITE_250       B4     Chy     FL       B3     SUITE_250       B4     Chy     FL       B4     Chy     FL       B4     Chy     FL       B5     ZIP Code       B4     Chy     FL       B4     Chy     B4       B4     B4     B4			<b>]30 </b>				<b></b>
JACKSONVILLE FL 32218	SANKERS, GUS		81 Name				
Image: Proceedings of Sections 602 05:00 met 607, 15:00, Forda Statutes, the above-named corporation submits this statement for the purpose of changing its registered egent i and "environ with, and accept the objections of 35:00, Forda Statutes, the above-named corporation submits this statement for the purpose of changing its registered egent i and "environ" with, and accept the objections of 35:00, Forda Statutes, the above-named corporation submits this statement for the purpose of changing its registered egent i and "environ" with, and accept the objections of 35:00, Forda Statutes, and the approximation of 35:00, Forda Statutes, and the approximation of a statutes.       Date         AILUH       CHICCERS AND DIFECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         Image: Insert private search registered agence and registered agence registe		SUITE 430	B2 Street	ddress (P.O. Box Numbe	er is Not Acceptable	e)	
Interview of Sections 607 00:00 and 607 1508. Florida Statutes, the above nomed corporation submits this statement for the purpose of changing its registered agent of user the obligations of, Section 607 4508. Florida Statutes, the above nomed corporation submits this statement for the purpose of changing its registered agent of user the obligations of, Section 607 4508. Florida Statutes, the opporterion submits this statement for the purpose of changing its registered agent of user the obligations of, Section 607 4508. Florida Statutes.         Valuet       Child agent of user the obligations of, Section 607 4508. Florida Statutes.       Date       Date         Valuet       Child agent of user the obligations of, Section 607 4508. Florida Statutes.       Date       Date         OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Intelling agent of user the obligations of, Section 607 4508. Florida Statutes.         OFFICERS AND DIRECTORS IN 12         Intelling agent of user the obligations of, Section 607 4508. Florida Statutes.         Addition of the obligations of, Section 607 4508. Florida Statutes.         Intelling agent of user the obligations of age	JACKSONVILLE FL 32210		83				
Laboration to the provisions of Sections 607.0002 and 607.1508. Forda Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent and the decorporation's board of directors. I hereby accept the appointment as registered agent and the decorporation's board of directors. I hereby accept the appointment as registered agent and the depute the obligations of Section 507.605. Forda Statutes.      ALUMI     TOPIC FIGURES AND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     TOPIC Registered agent agen				INDE CEA			
All Life   All Li			·····	UITE 250		B5 Zi	p Code
HUTCHINSON, MARC C. 2879 MARCEY ROAD ARLINGTON VA ARLINGTON VA I ADDRESS 51.791 D PRENTICE, BRYANT, III 47 FAIRLAWN DRIVE EGGERTSVILLE, NY. P Change Chang	lice or registered agent, or both, in t	the State of Florida. Such change w	84 City alutes, the above-named as authorized by the corp	corporation submits this s	tatement for the pu	FL	Its registere
1 ADDRESS       2679 MARCEY ROAD       1.3 STREET ADDRESS       1.092. MicCUE COURT         ARLINGTON VA       1.4 CITY-ST-ZIP       GREAT FAILUS, VA 22066         D       0 DELETE       21 TITLE       0 Additional Court         PRENTICE, BRYANT, III       0 DELETE       21 TITLE       0 Additional Court         1 ADDRESS       23 STREET ADDRESS       0 Additional Court       0 Additional Court         1 ADDRESS       24 CITY-ST-ZIP       0 Change       Additional Court         1 ADDRESS       23 STREET ADDRESS       0 Change       Additional Court         1 ADDRESS       0 OPT TINUOUANA ROAD       3 STREET ADDRESS       0 Change       Additional Court         1 ADDRESS       4001 TINUOUANA ROAD       3 STREET ADDRESS       0 Change       Additional Court         1 ADDRESS       0 DELETE       3 STREET ADDRESS       0 Change       Additional Court         1 ADDRESS       0 DELETE       4 DELETE       0 Change       Additional Court         1 ADDRESS       0 DELETE       3 STREET ADDRESS       0 Change       Additional Court         1 ADDRESS       0 DELETE       5 NAME       0 Change       Additional Court         1 ADDRESS       0 DELETE       5 STREET ADDRESS       0 Change       Additional Court	Itoe or registered agent, or both, in t gent if am far eliar with, and accept t ATURE Styred militactor printed rementer	the State of Florida. Such change w the obligations of, Section 607.0505 powered agent and title if applicable	84 City alutes, the above-named as authorized by the corp , Florida Statutes.	corporation submits this s oration's board of directo required when reinstating)	rs. I hereby accept	IPD International Internationa	Its registered as registered
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DELETE 6.1 TITLE Change Addition 1 ADDIFESS 51 - ZP do hereby certify that the information supplied with this filing does not cualify for the exemption stated in Section 119 07(3)(i) Elocide Statutes I further certify that the	ADDRESS ADDRES	the State of Florida Such change with obligations of, Section 607.0505  Igsevent agent and the if applicable CERS AND DIRECTORS DELETE CERS DELETE DELETE DELETE DAD DELETE CAD DELETE D	84     City       atutes, the above-named as authorized by the corp.       Florida Statutes.       INDLE Registered Agent signature       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       5.1 TITLE	required when reinstating) ADDITIONS/CH	ANGES TO OFFICE	FL IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Its registered as registered DRS IN 12 Additic
62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes 1 further certify that the	Ince or registered agent or both, in 1 gent 1 am familiar with, and accept 1 ATURE ATURE ATURE ADDRESS	the State of Florida Such change with obligations of, Section 607.0505  Igsevent agent and the if applicable CERS AND DIRECTORS DELETE CERS DELETE DELETE DELETE DAD DELETE CAD DELETE D	84     City       atutes, the above-named as authorized by the corp.       Florida Statutes.       INDLE Registered Agent signature       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       4.2 CITY-ST-ZIP	required when reinstating) ADDITIONS/CH	ANGES TO OFFICE	FL IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Its registered as registered DRS IN 12 Additic
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do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the	Ince or registered agent or both, in 1 gent 1 am familiar with, and accept 1 ATURE ATURE ATURE ADDRESS	the State of Florida. Such change withe obligations of, Section 607.0505  CERS AND DIRECTORS  DELETE CC.  DELETE OAD  DELETE CAD  DELETE CAD  DELETE	84     City       atutes, the above-named as authorized by the corp.       Florida Statutes.       INDIE       Registered Agent signature       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       6.1 TITLE	required when reinstating) ADDITIONS/CH	ANGES TO OFFICE	FL	Its registered
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; th	The or registered agent or both, in 1 gent 1 am familiar with, and accept 1 ATURE T ATURE T HUTCHINSON, MARC 2679 MARCEY ROAD ARLINGTON VA D PRENTICE, BRYANT, 47 FAIRLAWN DRIVE EGGERTSVILLE, NY. P SANKERS, GUS 4091 TIMUQUANA RC JACKSONVILLE FL D FRANSEN, VICTOR R 837 DOLLEY MADISC MCLEAN VA	the State of Florida. Such change withe obligations of, Section 607.0505  CERS AND DIRECTORS  DELETE CC.  DELETE OAD  DELETE CAD  DELETE CAD  DELETE	84     City       atutes, the above-named as authorized by the corp.       Florida Statutes.       INDIE       Registered Agent signature       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       4.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       6.1 TITLE       6.3 STREET ADDRESS	required when reinstating) ADDITIONS/CH	ANGES TO OFFICE	FL	Its registered