

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L68293 (4)**

1. Corporation Name
D & J HUNTER CORP.



Principal Place of Business: **C/O JOSHUA A. MUSS, 11781 LEE JACKSON HWY. STE 320, FAIRFAX VA 22033**
Mailing Address: **C/O JOSHUA A. MUSS, 11781 LEE JACKSON HWY. STE 320, FAIRFAX VA 22033**

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0200646**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**MUSS JOSHUA A
8311 BOB-O-LINK DR
W PALM BCH FL 33412**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSS, DIANA LYNN	
STREET ADDRESS	8311 BOB-O-LINK DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MUSS, JOSHUA A.	
STREET ADDRESS	8311 BOB-O-LINK DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEBBER, DAVID F.	
STREET ADDRESS	8290 BOB-O-LINK DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DENNEN, MARVIN L.	
STREET ADDRESS	11781 LEE JACKSON MEM HWY	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARVIN L. DENNEN

4/15/96 (703) 591-1881
Date Time Phone #

CR2E034 (12/95)