

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. BOX 1825 Suite, Apt. #, etc 22 City & State 23 MIDDLEBURG, VA. Zip 24 20118 Country 25		2a. Mailing Address 26 P.O. BOX 1825 Suite, Apt. #, etc 27 City & State 28 MIDDLEBURG, VA. Zip 29 20118 Country 30		3. Date Incorporated or Qualified 04/26/1990	
		4. FEI Number 65-0200646		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSS, DIANA LYNN			1.2 NAME			
STREET ADDRESS	8311 BOB-O-LINK DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSS, JOSHUA A.			2.2 NAME			
STREET ADDRESS	8311 BOB-O-LINK DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBBER, DAVID F.			3.2 NAME			
STREET ADDRESS	8290 BOB-O-LINK DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNEN, MARVIN L.			4.2 NAME			
STREET ADDRESS	11781 LEE JACKSON MEM HWY			4.3 STREET ADDRESS	9206 CATEWATER TR		
CITY-ST-ZIP	FAIRFAX VA			4.4 CITY-ST-ZIP	POTOMAC, MD. 20854		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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, or both, of this report with an address.

SIGNATURE: _____ DATE: 2/16/98 (301) 315 9204

CR2E034 (10/97)