

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **M68809** (6)  
 1. Corporation Name  
**R. D. MOODY & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**5380 CAPITAL CIRCLE, NW** **3155 N.W. 77TH AVENUE**  
**4817 MARKET PLACE** **MIAMI FL 33122**  
**TALLAHASSEE FL 32303**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/18/1988**

4. FEI Number **59-2871508** Applied For  
 Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Chantilly, VA** 28 **Chantilly, VA**

24 Zip **20151** 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MOODY, RONALD D.</b>	
STREET ADDRESS	<b>5380 CAPITAL CIRCLE, NW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTIN, RON J.</b>	
STREET ADDRESS	<b>5380 CAPITAL CIRCLE, NW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PERERA, ISMAEL</b>	
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, EDWIN D</b>	
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>SARIEGO, JOSE M</b>	
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>CS</b>	<input type="checkbox"/> DELETE
NAME	<b>DAMON, NANCY J</b>	
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)