

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002650

1. Corporation Name  
MIDDLETOWNE PROJECT, INC.

Principal Place of Business  
1350 BEVERLY ROAD  
MCLEAN VA 22101

Mailing Address  
1350 BEVERLY ROAD  
MCLEAN VA 22101

FILED

99 SEP 13 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 1809 DeBarry Avenue Suite, Apt. #, etc. City & State 23 Orange Park, FL Zip 24 32073 Country 25 USA		2a. Mailing Address 26 300 N.W. 12th Avenue Suite, Apt. #, etc. City & State 28 Miami, FL Zip 29 33128 Country 30 USA		3. Date Incorporated or Qualified 05/08/1998	
4. FEI Number 31-1599917		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		9. Name and Address of Current Registered Agent DEAS, WILLIAM J PA 2215 RIVER BOULEVARD JACKSONVILLE FL 32204	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James H. Edmondson 1350 Beverly Road, Suite 200 McLean, VA 22101	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director James H. Edmondson 1350 Beverly Road, Suite 200 McLean, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Secretary/Treas. Maryann Dillon 1350 Beverly Road, Suite 200 McLean, VA 22101	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Agustin Dominguez 300 N.W. 12th Avenue Miami, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Gallagher 1350 Beverly Road, Suite 200 McLean, VA 22101	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President/Director Russell A. Sibley, Jr. 2628 5th Ave. North St. Petersburg, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President Salvatore Martorano 300 N.W. 12th Avenue Miami, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director Mary Sorge 50 N. Laura St., 9th floor Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Claire F. Raley, Sec./Treasurer 300 N.W. 12th Avenue Miami, FL 33128

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 617, 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.

SIGNATURE:

AGUSTIN DOMINGUEZ

9/8/99 305-324-550-5

Date

Daytime Phone #

0013902

CR2E037 (5/99)