

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 # **P02542** (9)

1. Corporation Name

**TMANCOR CORPORATION**



Principal Place of Business

Mailing Address

**12015 LEE JACKSON HWY  
SUITE 128  
FAIRFAX VA 22033**

**12015 LEE JACKSON HWY  
SUITE 128  
FAIRFAX VA 22033**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**06/27/1984**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**54-1048993**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and date of appointment

Typed or printed name of corporation, and date of appointment

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CROMWELL, MICHAEL J III	12015 LEE JACKSON HY 128	FAIRFAX VA	<input checked="" type="checkbox"/>
SDT	MOORE, JOHN A JR	12015 LEE JACKSON HY 128	FAIRFAX VA	<input type="checkbox"/>
D	VAUGHAN, WALTER	12015 LEE JACKSON HY 128	FAIRFAX VA	<input type="checkbox"/>
AS	FREE, JO-AN J	12015 LEE JACKSON HY 128	FAIRFAX VA	<input type="checkbox"/>
PDC	PEDERSEN, GEORGE J.	12015 LEE JACKSON HY 128	FAIRFAX VA	<input type="checkbox"/>
D	ENGLEM JOSEPH	12015 LEE JACKSON HY 128	FAIRFAX VA	<input checked="" type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
Director	Michael D. Golden, Esq.	12015 Lee Jackson Hwy. Suite 128	Fairfax, VA 22033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Director	Stephen W. Porter, Esq.	12015 Lee Jackson Hwy., Suite 128	Fairfax, VA 22033	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jo-An S. Free* (Jo-An S. Free) 4-25-96 (703) 218-6000

Date

Daytime Phone #

CR2E034 (12/95)