

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06945 (0)
1. Corporation Name
3500 MANAGEMENT CORPORATION



Principal Place of Business
1725 DESALES ST NW 602
WASHINGTON DC 20036

Mailing Address
1725 DESALES ST NW 602
WASHINGTON DC 20036

3. Date Incorporated or Qualified 07/31/1985	3a. Date of Last Report 03/17/1995
4. FEI Number 52-0940409	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc. 401

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

BURNS, JAMES E.
3500 CHENEY HWY
STE 226
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, the 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 607.05, Florida Statutes.

SIGNATURE

James E. Burns

DATE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	PUGLISI, ANGELO A.	
STREET ADDRESS	4707 WARREN ST. NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	VSD	☐ DELETE
NAME	PUGLISI, MELVENA M.	
STREET ADDRESS	4707 WARREN ST. NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	SD	☐ DELETE
NAME	SCHWEITZER, H. GEORGE	
STREET ADDRESS	4423 BOXWOOD RD.	
CITY-STATE-ZIP	BETHESDA MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 reports 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:

Angelo A. Puglisi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

202/296-4920

Daytime Phone #

CR2E034 (12/95)