## 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

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DOCUI	MENT # P107	13 (6)				
,	KER AMERICA, INC.					
Principal Piace	of Business	Mailing Address				IIII AIBLE DIDII DIDII BIDII DEBIE DIDII IDDI
	COURTHOUSE RD	8221 OLD COURTHO	use RD.			
STE 204 VIENNA VA	22182	Suite 204 Vienna va 22182				
US		US			3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 04/11/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEt Number	Applied For
21	N -4-	26			84-0982833	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	е	City & State		· ·	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Continuotion	Added to Fees
Zip [4]	Country	Zip 29	Cour	itry	This corporation has liability for int Florida Statutes	
	9. Name and Address of Curre		1001		10. Name and Address of New Re	
				81 Name		
	IPTE, MORRIS A.		İ	82 Street Addr	ess (P.O. Box Number is Not Acceptable	)
	COND AVE. SOUTH		-	83		
SUITE 1	1202 Tersburg Fl 33701					
OI. FEI	IENODUNG FE 00/VI		Ī	84 City		FL 85 Zip Code
<ol> <li>Pursuant to or register familiar with SIGNATURE</li> </ol>	to the provisions of Sections 607.05 red agent, or both, in the State of Flo ith, and accept the obligations of, Se	02 and 607,1508, Florida Statul orida. Such change was authoriz ction 607,0505, Florida Statute:	tes, the above zed by the c s.	ve-named corpor orporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoir	ose of changing its registered office ntment as registered agent. I am
	Signature, typed or printed name of registered ag-		<del></del>	Agent signature required		DATE
12.	OFFICERS A	ND DIRECTORS	13.	71 E	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SLOKKER, HENK		1.2 NA			
STREET ADDRESS	8221 OLD COURTHOUSE	RD #204	1.3 ST	REET ADDRESS		
CITY-ST-ZIP	VIENNA VA		1.4 CI	Y-ST-ZIP		
TIFLE	VSD	☐ DELETE	2. 1 TI	ILE		Change Maddition
NAME	FRANSEN, VICTOR R.	DD #004	2.2 NA			
STREET ADDRESS	8221 OLD COURTHOUSE VIENNA VA	KU #204	l l	REET ADDRESS		
CITY-ST-ZIP TITLE	AS AS	☐ DELETE	3. 1 TI	Y-ST-ZIP		Change Addition
NAME	HUTCHINSON, MARC C.		32 NA			<del></del>
STHEET ADDRESS	8221 OLD COURTHOUSE	RD. #204	3 3 ST	REET ADDRESS		
CITY - ST - ZIP	VIENNA VA			Y-ST-ZIP		
TITLE		☐ DELETE	4. 1 Ti	ļ		Change Addition
NAME			4.2 NA			
STREET ADDRESS				REET ADDRESS : 'Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CI			Change Addition
NAME		_	5.2 NA			
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		DELETE	6. 1 <b>1</b> 1			Change Addition
NAME			6.2 NA	i		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	l by certify that the information supplie	d with this filing is voluntarily fur	nished and o	Y-ST-ZIP   does not qualify f	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further
certify that oath; that	at the information indicated on this ar	inual report or supplemental ani poration or the receiver or truste	nual report is se empower	s frue and accura	te and that my signature shall have the sister and that my signature shall have the sister and that my signature shall have the signature and the signature	ame legal effect as it made under

SIGNATURE: War C. Chutchursen
SKONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

April 23,1996 703-506-1006