## FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CODING DETIDENSENT INC

## **FILED** Mar 27 1998 8:00am Secretary of State

Principal Place MARIOTT DRI DEPT 924.13 WASHINGTON	VE	Mailing Address  MARIOTT DRIVE DEPT 924.13  WASHINGTON DC 20058		DO NOT WRITE IN THIS	
US		US		3. Date Incorporated or Qualified	
		<del></del>		12/12/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Fernwood Road	26 10400 Fernw	ood Road	35-1658784	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22 500,		27 Dept. 862.	Suite 500	5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
	sda, MD	28 Bethesda, M		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 20817		29 20817-1109	30 USA		Yes No
	<ol><li>Name and Address of Current ENTICE-HALL CORPORATION S</li></ol>		81 Name	10. Name and Address of New Registered	Agent
1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32304			<ul><li>82 Street Ad</li><li>83</li><li>84 City</li></ul>	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or r agent La	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obliga	02 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	tes, the above-named co authorized by the corpor orida Statutes.	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature typed or proved our entrepsiesed age OF FICE RS AN	ral and title if applicable (NOT	t : Rogistered Agent signature req	juired when reinstating) DATE	
	Signature typed or proved name of registered age	ral and title if applicable (NOT			D DIRECTORS IN 12
SIGNATURE	Signature typed or proved name of registered age	ed and title if applicable (NOT DIDIRECTORS	Rogistered Agent signature req     13.	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
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I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.