## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

SHERIKON, INC.

CITY-S1-ZIP

				_		
Principal Plac	ce of Business	Mailing Address			r und 1400 sin sind antil desdi billis diss dente billi didel didel didel diger gegit gebit sad i	
14500 AVION I	PARKWAY	14500 AVION PARKWAY				
SUIE 200 SUIE 200						
CHANTILLY VA	9 22021	CHANTILLY VA 22021	NTILLY VA 22021		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/06/1989	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26	26		72-1019239 Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & Sta	ile	F 11	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
24	25 9. Name and Address of Curr	29	30		Personal Property Tax due June 30.  Yes  No  10. Name and Address of New Registered Agent	
L/M/	OWLTON, ROBERT P	aur wahistatan Wasur		1 Name		
	24 RESEARCH PKWY					
STE 390			[8	82 Street Address (P.O. Box Number is Not Acceptable)		
	. 390 LANDO FL 32826		8	33		
( One	D-11D-0 FL 02020					
			[8	34 City	FL 85 Zip Code	
agent. I SIGNATURE	am familiar with, and accept the obtermines typed or printed name of registered a OFFICERS A	igations of, section 607.0505, FI	lorida Statu	es.	orporation's board of directors. I hereby accept the appointment as registered  nature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THLE	PDT	DELETE	1.1 TITL		Change Addition	
NAME	FERNANDEZ, ED		1.2 NAM	E		
STREET ADDRESS			1.3 STRE	ET ADDRESS	38	
CITY-ST-ZIP	CLIFTON VA		1.4 City			
TITLE	SD SON AND STATE OF THE STATE O	L DELETE	2.1 TITLI		Change Addition	
NAME	FERNANDEZ, CAROL		2.2 NAM			
STREET ADDRESS				ET ADDRESS	SS	
CITY-ST-ZIP	CLIFTON VA	K7	2.4 CITY			
TITLE	FERNANDEZ, HECTOR	DELETE	3.1 TITLE		Change Addition	
NAME	APAR NI ADAMENAT DO		3.2 NAM			
STREET ADDRESS	SAN GABRIEL CA		1	ET ADDRESS	35	
TITLE	GAN GADRICE CA	Пере	3.4 CITY 4.1 TITLE			
NAME		L DELETE	4.1 IIILI		Change Addition	
STREET ADDRESS	1			ET ADDRESS	150	
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE		Abana D Austin	
NAME		[_] DFTE [ F	5.1 (ALC		L Change Addition	
STREET ADDRESS				ET ADDRESS	200	
ľ					<sup>29</sup> [	
CITY-ST-ZIP		Flority	5.4 CITY 6.1 TITUS		Change Addition	
NAME	j	DELETE	6,2 NAM		Change Addition	
PTOFFTADDBECK				ET ADDDEGG		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Sep 30 1998 8:00am

Secretary of State