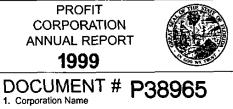
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90167 034 \*\*\*150.00

REC I CO	ORP.						
						I HORESTERN FRO SEIN JOHN IRINORENDIN DE DE DIEN DIEN DIEN DIEN DIEN DE	
Principal Place of Business Mailing Address							
5454 WISCONSIN AVE. 5454 WISCONSIN AVE.							
SUITE 1265		SUITE 1265				DO NOT WRITE IN THIS SPACE	
CHEVY CHASE MD 20815 CHEVY CHASE MD 20815						3. Date Incorporated or Qualifed	
						05/20/1992	
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For	
21 26						52-1769426 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
27						5. Certificate of Status Desired  Fee Required	
City & State City & State			<del></del>			6. Election Campaign Financing \$5.00 May Be	
23 28						Trust Fund Contribution Added to Fees	
Zip Country Zip			Country			8. This corporation owes the current year Intangible	
24	25		30			Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered Agent	
NIDAI	CEDVICES INC		81	Name			
NRAI SERVICES, INC. 526 EAST PARK AVE.			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32301						
IALL	ANASSEE FL SZSUT		83				
			84	City		FL 85 Zip Code	
44. Durant 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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				nt signature re	equired v	when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DI			1		,	
NAME	5454 WISCONSIN AVE.			1.2 NAME 1.3 STREET ADDRESS 5		454 WISCOUSIN AVE., SUTTE 1265	
STREET ADDRESS	CHEVY CHASE MD			1.4 CITY-ST-ZIP		HOW CLOCK ME 20RIS	
CITY-ST-ZIP TITLE	VPT			1.214		HEVY CHASE, Mr 20815	
	MAHIEUX, JEAN-MARIE	€ 255515	2.2 NAME			·	
NAME	5454 WISCONSIN AVE.			TADDRESS	54	154 WISCONSIN AVE., SUPTE 1265	
STREET ADDRESS	CHEVY CHASE MD		2.4 CITY-S		ير	YEVY CHASE, MY ZOBIS	
CITY-ST-ZIP	S S	DELETE	3.1 TITLE				
ì	ZANÔFF, MARNA			j		BRUCE D. LYONS	
NAME STREET ADDRESS	5454 WISCONSIN AVE.			T ADDRESS	.5	BRUCE D. LYONS 5454 WISCONSIN AVE, SUITE 1265	
	CHEVY CHASE MD		3.4. CITY+5		•	CHEVY CHASE, MY 20815	
CITY-ST-ZIP TITLE	ONEVI ONACE IND	☐ DÉLETE	4.1 TITLE	11-21		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		•	4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME		-	5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		_	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREE	F ADDRESS			

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 trusted 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, with all other like empowered.

SIGNATURE: