City & State       City & State       City & State       Iter Fund Councing       \$5.00 May ge fund for parally and the current year interplate         Zip       Country       2ip       Country       8. This corporation ones or has paid the current year interplate         J       2ip       30       Personal Property Tax due June 30       Ves       No         S. Name and Address of Current Registered Agent       10. Kanna and Address of two Property Tax due June 30       Ves       No         S. Name and Address of Current Registered Agent       10. Kanna and Address of two Property Tax due June 30       Ves       No         S. ORAL GABLES FL 33134       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect Address (P.O. Box Number is Not Acceptable)       Effect Address (P.O. Box Number is Not Acceptable)         Status       Effect	ANNL	PROFIT PORATION JAL REPORT	AFTER	FLORIDA DEP. Sandra		OF STATE	FILI May 05 19	98 8:00	
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2ip     2ip<	22 City & State			tv & State			······································	Fee Required	
2P       Country       2P       Country       8. There and Address of Current Registered Agent         10. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of Name Registered Agent         11. Presuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes. The above named corporation submits this statement for the purpose of charging in registered agent of the charging in registered agent of the charging in registered agent of the charging in registered agent of controls. Such of Social Statutes. The above named corporation submits this statement for the purpose of charging in registered agent of the charging in registered agent of controls. Such of Social Statutes. The above named corporation submits this statement for the purpose of charging in registered agent of control. Such of Social Statutes. The above named corporation submits this statement for the purpose of charging in registered agent of control. Such of Social Statutes.         Statutation of the control statutes of Social Statutes. The above named corporation submits this statement for the purpose of charging in registered agent of control. Statutes.       DMIC         Statutation of the control statutes. The above named corporation statutes. The above named corporation statutes.       DMIC         Statutation of the control statutes.       Control Social Statutes.       DMIC         Statutes.       Statutes.       The Low of the control statutes.       DMIC         Statutes.       Control Social Social Statutes.       DMIC       DMIC         Statutes.       Control Soci	23		28	-	_			· · · · · · · · · · · · · · · · · · ·	:
B. Name and Address of Current Registered Agent     THE LAW FRAV OF LAWRENCE J SPIEGEL CHRTD     S43 ALMERA AVENUE     COPAL GABLES FL 33134     B     1     Anno     S4     ALMERA AVENUE     COPAL GABLES FL 33134     B     CIty     FL     S	Zip 24			ίp		untry			
Inter DAVER OF DAVECEE OF INTO         Stratt Address (P.O. Box Number is Not Accopitable)         B3         B4         B4         CORAL GABLES FL 33134         B4         B4         B4         CORAL GABLES FL 33134         B4         B4         Core and Sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent 1 and terminative with, and back in the data in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in the statement for the purpose of changing its registered agent 1 and terminative with, and back in terminative statement for the purpose of changing its registered agent 1 and terminative with agent purpose of changing its registered agent 1 and terminative with agent purpose 1 and terminative agent purpose of changing its registered agent 1 and terminating agent purpose 1 and terminative agent pur						B1 Nome		ed Agent	
CORAL GABLES FL 33134			j spiegel	CHRID					
The Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, or both, in the State of Florida. Statutes.     State of provide agent, or both, in the State of Florida. Statutes.     State of provide agent, or both, and accept the obligations of Socion 607.0509. Florida Statutes.     State of provide agent, or both, and accept the obligations of Socion 607.0509. Florida Statutes.     State of provide agent, or both, and accept the obligations of Socion 607.0509. Florida Statutes.     State of provide agent, or both, and accept the obligations of Socion 607.0509. Florida Statutes.     State of provide agent, or both, and accept the obligations of Socion 607.0509. Florida Statutes.     State of provide agent, and there agent and the late of provide agent ag									
SIGNATURE       Image: Signature types or present agree of the person agree of the per							F		
Digenited approved approve		to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607 ale of Florida iligations of, 5	.1508, Florida Stat . Such change was Section 607.0505, I	utes, the a s authorize Florida Sta	bove-named corp d by the corporat tutes.	oration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registe appointment as register	ed ed
TITLE       SD       DELETE       21 TITLE       Change       Addition         NAME       FLYNN, JAMES P.       2 Addition       2 Addition       Change       Addition         STREET ADDRESS       10004F WILLARD RD       2 a STREET ADDRESS       CHANTILLY VA       2 4 CITY-ST-ZIP       DeleTe       31 TITLE       Change       Addition         NAME       GREER, JOHN M.       32 NAME       33 STREET ADDRESS       CHANTILLY VA       Change       Addition         STREET ADDRESS       5949 SHEERRY LANE, STE 1075, LB98       33 STREET ADDRESS       Change       Addition         OTT <e< td="">       DELETE       41 TITLE       Change       Addition         NAME       34 CITY-ST-ZIP       Change       Addition         TITLE       DELETE       41 TITLE       Change       Addition         NAME       4 2 NAME       42 STREET ADDRESS       Change       Addition         OTT-SI-ZIP       DELETE       51 TITLE       Change       Addition         NAME       52 NAME       53 STREET ADDRESS       Change       Addition         STREET ADDRESS       CITY-SI-ZIP       Change       Addition         NAME       53 STREET ADDRESS       CITY-SI-ZIP       Change       Addition      <tr< td=""><th></th><td></td><td></td><td></td><td></td><td>d Agent signature requi</td><td></td><td></td><td>f</td></tr<></e<>						d Agent signature requi			f
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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 of the corporation of the corporation of the true appears in	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	5949 SHERRY LANE, STE	1075, LB98	DELETE	34.6 41T 4.27 4.35 4.4C 5.1T 5.2N 5.35 5.35 5.4C 6.1TI 6.2N	ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE AME		Change Add	lition
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