

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847449 (6)

1. Corporation Name
DELTA BALTIMORE, INC.



Principal Place of Business VILLAGE OF CROSS KEYS,STE.212 VILLAGE SQ II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210	Mailing Address VILLAGE OF CROSS KEYS,STE.212 VILLAGE SQ II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 212 VILLAGE SQUARE II Suite, Apt. #, etc. 22 5100 FALLS ROAD City & State 23 BALTIMORE, MD Zip 24 21210	2a. Mailing Address 26 212 VILLAGE SQUARE II Suite, Apt. #, etc. 27 5100 FALLS ROAD City & State 28 BALTIMORE, MD Zip 29 21210	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 11/10/1980	4. FEI Number 52-1159401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PEARLSTONE, RICHARD L	
STREET ADDRESS	VILLAGE OF CROSS KEYS, SUITE 212	
CITY-ST-ZIP	BALTIMORE MD 21210	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEARLSTONE, ESTHER S	
STREET ADDRESS	VILLAGE OF CROSS KEYS, SUITE 212	
CITY-ST-ZIP	BALTIMORE MD 21210	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STEVENSON, CHERYL	
STREET ADDRESS	VILLAGE OF CROSS KEYS, SUITE 212	
CITY-ST-ZIP	BALTIMORE MD 21210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ **RICHARD L PEARLSTONE** 410 522 2262

CR2E034 (10/97)