

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:09

DOCUMENT # **H33363** (3)

1. Corporation Name
1113 CORPORATION

Principal Place of Business Mailing Address
**8401 CONNECTICUT AVE.
ATTN: KIM BRANDON
CHEVY CHASE MD 20815**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/05/1984	3a. Date of Last Report 05/10/1994
4. FEI Number 52-1371696	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (Signature, typed or printed name of registered agent, and Florida address) (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACI, PHILIP D.	1.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEASLEY, ROSS E.	2.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PATRICIA	3.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, KIMBERLEY J.	4.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, WILLIAM K.	5.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: _____ *T. J. ...* 2/23/95 301-986-6104
Printed Name of Registered Agent on Printed Name of Signing Officer on Director