


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

FILED

Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **857103** (6)
1. Corporation Name
VERSAILLES-RIVER, INC.



Principal Place of Business 25 SOUTH CHARLES STREET STE 2100 BALTIMORE MD 21201 US	Mailing Address 25 SOUTH CHARLES STREET STE 2100 BALTIMORE MD 21201-3300 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1983	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 52-1293023	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	26 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATHEWS, LAWRENCE G., JR. 850 FIRSTSTATE TOWER 255 SOUTH ORANGE AVENUE ORLANDO FL 32801				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL	85 Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEYERHOFF, HARVEY M.			1.2 NAME			
STREET ADDRESS	10 E. LEE ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE MD			1.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEYERHOFF, JOSEPH II			2.2 NAME			
STREET ADDRESS	4100 MT ZION RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	UPPERCO MD			2.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUBER, PHILIP E			3.2 NAME			
STREET ADDRESS	3448 ELLICOTT CTR DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	ELLICOTT CITY MD			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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: *Philip E Huber* **PHILIP E HUBER** 1-2-97 (410) 777-3700

CR2E034 (9/96)