FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000965 (4)

1. Corporation Name
CRICO OF OCEAN WALK, INC.

Principal Place of Business:
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

Mailing Address:
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-1814624 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.0?? Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	TCD
NAME	DOCKSER, WILLIAM B
STREET ADDRESS	11200 ROCKVILLE PIKE, 5TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20852
TITLE	PSD
NAME	WILLOUGHBY, H W
STREET ADDRESS	11200 ROCKVILLE PIKE, 5TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20852
TITLE	V
NAME	COHEN, JAY R
STREET ADDRESS	11200 ROCKVILLE PIKE, 5TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20852
TITLE	AS
NAME	JACKSON, ELIJAH L
STREET ADDRESS	11200 ROCKVILLE PIKE, 5TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20852
TITLE	V
NAME	PALMER, RICHARD J
STREET ADDRESS	11200 ROCKVILLE PIKE, 5TH FLOOR
CITY-ST-ZIP	ROCKVILLE MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		[ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	V CAMPBELL, SUSAN 11200 Rockville Pike, 5th FLOOR Rockville, Md. 20852	[X] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [X] Addition

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 119.07(1)(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: Elijah L. Jackson (ELIJAH L. JACKSON , 4/28/95 (301) 468-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Assistant Secretary

0002492 CP