

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002337 (4)

1. Corporation Name

RESERVOIR CAPITAL CORPORATION

Principal Place of Business

6 RESERVOIR CIRCLE
BALTIMORE MD 21208
US

Mailing Address

6 RESERVOIR CIRCLE
BALTIMORE MD 21208
US



2. Principal Place of Business	2a. Mailing Address
21 6 Reservoir Circle	26 6 Reservoir Circle
22 Suite, Apt. #, etc. 105	27 Suite, Apt. #, etc. 105
23 City & State Baltimore MD	28 City & State Baltimore MD
24 Zip 21208	29 Zip 21208
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 02/28/1995
4. FEI Number 52-1726483	Applied For 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	

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

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

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 sign at the bottom when remaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, IVAN	1.2 NAME	
STREET ADDRESS	3605 ANTON FARMS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21208	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, RODNEY JOHN	2.2 NAME	
STREET ADDRESS	1 GRISTMILL COURT, #610	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21208	2.4 CITY-ST-ZIP	
TITLE	DSTV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, JACK B	3.2 NAME	
STREET ADDRESS	3416 GARRISON FARMS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21208	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALSHEIMER, BETTIE	4.2 NAME	
STREET ADDRESS	7368 PARK HEIGHTS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21208	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, ANTHONY	5.2 NAME	
STREET ADDRESS	6108 IVYDENE TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21209	5.4 CITY-ST-ZIP	
TITLE	CFO	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBOLD, WILLIAM F	6.2 NAME	
STREET ADDRESS	417 RAMBLER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELAIR MD	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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amy S. Breslin* Amy S. Breslin CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

410-653-5915

CR2E034 (12/95)