FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F93000004547 (6)

1. Corporation Name

ROSS MURPHY FINKELSTEIN, INC.

Principal Place of Business
190 WEST OSTEND ST.
BALTIMORE MD 21230

Mailing Address
190 WEST OSTEND ST.
BALTIMORE MD 21230

3. Date Incorporated or Qualified: 10/06/1993	**3a.** Date of Last Report: 02/02/1995
4. FEI Number: 52-1279953	☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	**2a.** Mailing Address
21	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 SOUTH 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 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			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, JOHN E III		1.2 NAME	
STREET ADDRESS	190 W. OSTEND ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21230		1.4 CITY-ST-ZIP	
TITLE	~~VD~~	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~FINKELSTEIN, BARRY J~~		2.2 NAME	
STREET ADDRESS	~~190 W. OSTEND ST.~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~BALTIMORE MD~~		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PINNIX, DUANE S		3.2 NAME	
STREET ADDRESS	190 W. OSTEND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21230		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT D		4.2 NAME	
STREET ADDRESS	190 W. OSTEND ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21230		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HUFF, JAMES B.		5.2 NAME	
STREET ADDRESS	190 W. OSTEND ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 119.07(3)(k), 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: [signature] JAMES B. HUFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (Date) (410)576-0505 (Daytime Phone #)

CR2E034 (12/95)