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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F93000005555

Principal Place of Business

SYMPHONY MANAGEMENT ASSOCIATES, INCORPORATED

900 BESTGATE RD. SUITE 400 ANNAPOLIS MD 21401		900 BESTGATE RD. SUITE 400 ANNAPOLIS MD 21401			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/07/1993				
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number		Ap	plied For
21		26		-	23-2517068		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 💢	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Final	ncing 🖂	\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	<u>Country</u>	Zip	Country	/	₌	8. This corporation owes the	e current year.In		
24	25	29 3	30			Personal Property Tax.		□Yes	□No
	9. Name and Address of Curren	t Registered Agent	04	Name		10. Name and Address of	New Registered	Agent	
OT O	81	Name	e						
	CORPORATION SYSTEM		82 Street Ad		et Address	(P.O. Box Number is Not A	cceptable)		
	S. PINE ISLAND RD.		_						
PLAN	NTATION FL 33324		83	*[ł
			84	City			Fl	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized by	rtne corp	ed corpora rporation's	tion submits this statement to board of directors. I hereby	for the purpose of accept the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Ri	egistered Age	nt signature	re required wh	en reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES 1	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE			<u>. </u>		Change	☐ Addition
NAME	SCARPA, FRANK S		1.2 NAME						
STREET ADDRESS	199 COMMODORE DR		1.3 STREE	T ADDRESS	is				
CITY-ST-ZIP	JUPITER FL		1.4 CITY-5	ST-ZIP					<u> </u>
TITLE	V	DELETE	2.1 TITLE				. 41	Change	☐ Addition
NAME	HART, VALERIE S		2.2 NAME						
STREET ADDRESS	1702 FOX GRAPE LANE	•	2.3 STREE	T ADDRESS	ss				
CITY-ST-ZIP	ANNAPOLIS MD		2. 4 CITY-						
TITLE	VST	DELETE	3.1 TITLE			*****		☐ Change	Addition
NAME	DONNELLY, RICHARD J		3.2 NAME					, -	- }
STREET ADDRESS	11 SONNEBORN LANE	/	1	T ADDRESS	ss				
	SEVERNA PARK MD		3.4. CITY-						
CITY-ST-ZIP TITLE	OCTOMO TANTONIO	☐ DELETE 4.1 TI						☐ Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS	ss				
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRESS	ss				l
			5.4 CITY-	ST-ZIP					ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					Change	Addition
		_	6.2 NAME					•	
NAME CARREST ADDDESC			6.3 STREE	T ADDRESS	ss				
STREET ADDRESS			6.4 CITY-						}
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify for the	he exemp	tion state	ted in Sec	tion 119.07(3)(i), Florida Sta	tutes. I further ce	ertify that the	information
indicated	on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, of on an attac	l annual report is true and accura	ite and tha ecute this	at my sig report as	gnature st is required	iall have the same legal effe	ct as it made uni	der oatn: that	i am an

SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90226 015 ***158.75