

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # F94000000267 (4)

1. Corporation Name
CT MANAGEMENT, INCORPORATED



Principal Place of Business
4700 CORRIDOR OFFICE PLACE
SUITE A
BELTSVILLE MD 20705

Mailing Address
4700 CORRIDOR OFFICE PLACE
SUITE A
BELTSVILLE MD 20705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1994	3a. Date of Last Report 06/26/1996
4. FEI Number 52-1212272	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TINI, CHARLES A
1500 ATLANTIC BLVD. UNIT 41
KEY WEST FL 33040

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 P
NAME TINI, DAVID
STREET ADDRESS P.O. BOX 4347
CITY-ST-ZIP SILVER SPRING MD 20914-4347

1.1 TITLE VP
1.2 NAME TINI, CHARLES
1.3 STREET ADDRESS 4700 CORRIDOR PLACE, SUITE A
1.4 CITY-ST-ZIP BELTSVILLE, MD. 20705

TITLE EV
NAME SEVERE, LESTER D
STREET ADDRESS 4700 CORRIDOR OFFICE PLACE, STE A
CITY-ST-ZIP BELTSVILLE MD

2.1 TITLE P
2.2 NAME TINI, DAVID
2.3 STREET ADDRESS 4700 CORRIDOR PL. STE A
2.4 CITY-ST-ZIP BELTSVILLE MD 20705

TITLE S
NAME JACKSON, MARSHA
STREET ADDRESS 4700 CORRIDOR OFFICE PLACE, STE A
CITY-ST-ZIP BELTSVILLE MD 20705

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE: MARSHA S. JACKSON 9/12/97 201595579

CR2E034 (4/97)