

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

FILED

**Mar 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F94000003858 (7)
 1. Corporation Name
ACQUISITION INVESTMENT COMPANY, INC.



Principal Place of Business 8737 COLESVILLE ROAD, SUITE 800 SILVER SPRING MD 20910	Mailing Address 8737 COLESVILLE ROAD, SUITE 800 SILVER SPRING MD 20910
--	--

DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/21/1994	
4. FEI Number 52-1881285	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	

9. Name and Address of Current Registered Agent

LUNDSTROM, MATT
2447 NORTH WICKHAM ROAD, SUITE 118
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name	LUNDSTROM, MATT
82 Street Address (P.O. Box Number is Not Acceptable)	2403 CENTRAL PARK DRIVE
83	
84 City	MELBOURNE
85 Zip Code	FL 32935

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VT <input type="checkbox"/> DELETE
NAME	BOWDITCH, PATRICIA
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910
TITLE	V <input type="checkbox"/> DELETE
NAME	EVERNGAM, WILLIAM
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DONNELLY, RUTH
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910
TITLE	PD <input type="checkbox"/> DELETE
NAME	BAINUM, STEWART
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD
TITLE	D <input type="checkbox"/> DELETE
NAME	BAINUM, BARBARA J
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD 20910
TITLE	D <input type="checkbox"/> DELETE
NAME	SHREVE, CHRISTINE A.
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800
CITY-ST-ZIP	SILVER SPRING MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACQUELINE STEWART
3.3 STREET ADDRESS	8737 COLESVILLE RD. #800
3.4 CITY-ST-ZIP	SILVER SPRING MD. 20910
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002464361
5.3 STREET ADDRESS	-03/23/98--01002--017
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

cc 3/20

14. I 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 *Patricia Bowditch* 3/19/98 20910

CR2E034 (10/97)