

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

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006224 (9)

1. Corporation Name
JOHN CARROW LTD., CORPORATION



Principal Place of Business 601 DUNMORE PLACE CAPITOL HEIGHTS MD 20743	Mailing Address 601 DUNMORE PLACE CAPITOL HEIGHTS MD 20743-3725
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report 03/29/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 52-0780072	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 CRISP, TRACY 5903 FRONTAGE RD. TEMPLE TERRACE FL 33617	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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STANDARD	ROSENBERG, JUANITA	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
12208 AUTUMNWOOD LANE		2.1 TITLE	2.2 NAME
TANTALLON MD		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PD	ROSENBERG, RAYMOND	3.1 TITLE	3.2 NAME
35 WILKINOR DR.		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
EDGEWATER MD		4.1 TITLE	4.2 NAME
VD	ROSENBERG II, EUGENE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
4567 OLD SOLOMONS ISLAND ROAD		5.1 TITLE	5.2 NAME
HARWOOD MD		5.3 STREET ADDRESS	5.4 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: Raymond Rosenberg 3/24/97 301-336-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)