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

DOCUMENT # F95000002988 (2)

T. ROWE PRICE RENAISSANCE FUND, LTD., A SALES-CO

FILED Aug 19 1997 8:00am Secretary of State



MMISSIONTREE HEAL ESTATE INVESTMENT, INC.											
Principal Place of Business			Mailing Address				L LABISON THE LUID WHILL MUSIS DOUBLE WA	fin admit gatia	11010 10101 10	(O) (D)) (D))	
100 EAST PRATT ST. 100 EAST PRATT ST. 8ALTIMORE MD 21202 BALTIMORE MD 21202											
Ì							DO NOT WRITE	IN THIS SE	PACE		
							3. Date Incorporated or Qualified 06/16/1995	1	e of Last R 10/1996	•	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			oplied For]	
21			26			<u>52-1657028</u>		No	ot Applicable]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		· · · · · ·	Additional equired		
City & State			City & State			6. Election Campaign Financing		\$5.00		l	
23			28			Trust Fund Contribution Added to Fees				4	
Zip	Country 25		Zip	Country		•	8. This corporation owes or has pa	_		tangible] No	1
24	29 Registered Agent	30			Personal Property Tax due June 10. Name and Address of New Re			7 140	4		
61	T CORPORATIO		Hogicioto rigoti		81	Name	16. Hallo alla Addiosa di Hall Ha	Biotoleo H	goric		1
1200 SOUTH PINE ISLAND ROAD					_						1
PLANTATION FL 33324					82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			1
				Į	63						1
				,				·	1		_
l	-			1	84	City		FL	85 Zip (Code	
office or r	registered agent,	or both, in the State of		authorized	yd t	the corporation	oration submits this statement for the pon's board of directors. I hereby accep				1
1	(;	and accept the obliga	(10) (10) (10) (10) (10) (10) (10) (10)	onua Sian	Dipo	o.					1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						ent signature require	d when reinstaling)	DATE			
12.	, j	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				16
TITLE	CP IAM	IF6 0	☐ DELETE	1.1 10				L	Change	Addition	3
NAME RIEPE, JAMES S STREET ADDRESS 100 EAST PRATT ST.		1.2 N/								2	
BALTIMODE NO 0100						ADDRESS					ŭ
CITY-ST-ZIP	DALTIMONE	MD 21202	Donate	1.4 CIT		T-ZIP			T Observe	Addition	١ģ
TITLE	_	JEFFREY H	☐ DELETE	2.1 717		}		L	Change	Addition	
NAME	100 EAST F				2.2 NAME 2.3 STREET ADDRESS						1
STREET ADDRESS	BALTIMORE			4		ſ					ı
CATY-ST-ZIP TITLE	D D		DELETE 3.1 TI			ST - ZIP			Change	Addition	1
NAME	PLANT, A. I	MACDONOUGH	—	3.2 NA				_			
STREET ADDRESS	100 EAST F			1		ADDRESS					1
CITY-ST-ZIP	BALTIMORE					ST-ZiP					l
TITLE	\$		DELETE	4.1 10				T	Change	Addition	1
NAME	HORNUNG,			4, 2 N/	ME						İ
STREET ADDRESS	100 EAST P			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP BALTIMORE MD 21202		4.4 CITY-ST		T-ZIP							
THTLE	VID		DELETÉ	DELETE 51 TIT					Change	Addition	Ĭ
NAME				5.2 NAME		ļ					ļ
STREET ADDRESS	100 EAST F			5.3 ST	REE1	ADDRESS					
CITY-ST-ZIP	BALTIMORE	MD 21202		5.4 CI1	Y-\$	T-ZIP					1
TITLE	V	IOV B	☐ DELE1E	6.1 TIT	LΕ	}		Ĺ	Change	Addition	1
NAME	ROBINS, LU			6.2 NA							
STREET ADDRESS	100 EAST F			6.3 ST	REET	ADDRESS					1
CITY-ST-ZIP	BALTIMORE		with this filing class and and	6.4 CIT			in Section 110 07/3Vi). Florida Statuto	a I furthar	nortific that	the	4

Information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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 or an attachment with an address.