

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # F95000003018 (7)
1. Corporation Name

LOMBARD SECURITIES INCORPORATED



Principal Place of Business 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202	Mailing Address 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last Report
4. FEI Number 52-1889603	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent HENLEY, RANDALL W ESQUIRE HENLEY & BRABHAM, P.A. 322 BAYNYAN BOULEVARD WEST PALM BEACH FL 33401	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 FL
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

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	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHUGH, DANIEL T	1.2 NAME	
STREET ADDRESS	207 CHANCERY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21218	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOSZYN, JOHN J ESQUIRE	2.2 NAME	
STREET ADDRESS	3516 N. CALVERT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21218	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, E H	3.2 NAME	
STREET ADDRESS	1210 S.W. 22ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DATCHER, MARSHALL J	4.2 NAME	
STREET ADDRESS	3314 20TH STREET, N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20018	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, JAMES C	5.2 NAME	
STREET ADDRESS	3516 DUDLEY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21213	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, H. PHILIP	6.2 NAME	
STREET ADDRESS	11714 LIGHTFALL COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **7/22/96** (410) 783-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL T. MCHUGH

CR2E034 (3/96)