


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

FILED

Jan 28 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 # F96000001928 (8)
1. Corporation Name
REZNICK FEDDER & SILVERMAN, CERTIFIED PUBLIC ACCOUNTANTS, BUSINESS CONSULTANTS, A PROFESSIONAL CORPORATION

Principal Place of Business 4520 EAST WEST HWY. SUITE 300 BETHESDA MD 20814	Mailing Address 4520 EAST WEST HWY. SUITE 300 BETHESDA MD 20814
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1996	
21		26		4. FEI Number 52-1088612	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZNICK, DAVID CPA	1.2 NAME	
STREET ADDRESS	12103 GREENLEAF AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDDER, STUART M CPA	2.2 NAME	
STREET ADDRESS	14808 FLINTSTONE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20904	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARSKY, JEFFREY D CPA	3.2 NAME	
STREET ADDRESS	6317 32ND ST NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20015	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRMINGHAM, CRAIG CPA	4.2 NAME	
STREET ADDRESS	9700 MEYER POINT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAACSON, LEE E CPA	5.2 NAME	
STREET ADDRESS	1716 GLASTONBERRY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANIS, LESTER A CPA	6.2 NAME	
STREET ADDRESS	20 PEBBLE RIDGE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	6.4 CITY-ST-ZIP	

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:

David Reznick, Chairman 1/14/98 (301) 652-8100

CR2E034 (10/97)