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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001928

1. Corporation Name
REZNICK FEDDER & SILVERMAN, CERTIFIED PUBLIC ACC
OUNTANTS, BUSINESS CONSULTANTS, A PROFESSIONAL C

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/18/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number 52-1088612 — Applied For / Not Applicable

5. Certifcate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

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** — [ ] DELETE		1.1 TITLE	[ ] Change [ ] 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** — [ ] DELETE		2.1 TITLE	[ ] Change [ ] 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** — [ ] DELETE		3.1 TITLE	[ ] Change [ ] 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** — [ ] DELETE		4.1 TITLE	[ ] Change [ ] 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** — [ ] DELETE		5.1 TITLE	[ ] Change [ ] 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** — [ ] DELETE		6.1 TITLE	[ ] Change [ ] 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	

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****150.00   ****150.00
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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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)