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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

301-725-0200

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002400 (7)

Principal Place 9811 MALLARE LAUREL MD 20	D DR #213	Mailing Address 9811 MALLARD DR #213 LAUREL MD 20708-3143			
				3. Date Incorporated or Qualified 05/14/1996	3a. Date of Last Report
2. Principal P	Sace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		52-1763482	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	ris	City & State			Fee Required
process "	ti.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
[23] Zip	Cauntry		Country	This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Istered Agent
CT	CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Add	lress (P.O. Box Number is Not Acceptable	9)
PLA	NTATION FL 33324				
			83		
			84 City		85 Zip Code
44 Sharmont	to the provincest of Continuo (07 06)	02 and 607 1508 Florida Statu	les the above named cor	poration submits this statement for the pu	FL 100 En Gode
office or I agent Ta SIGNATURE	blg, altare, typical or pendico marres of registered ag		authorized by the corpora orida Statutes. TE: Registered Agent signature requ 13.	ation's board of directors. I hereby accept uited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE:
TillE	D	DELETE	1 1 TITLE	ADDITIONS OF INNECES TO OFFICE	Change Addition
NAME	PRAGER, JON J		1.2 NAME		
SISEEL ADDRESS	9811 MALLARD DR #213		1.3 STREET ADORESS		
CITY-ST Zift	LAUREL MD 20708		1.4 CITY - ST-ZIP		
Tale	DV	☐ DELETE	21 TITLE		Change Addition
NAME	BENNETT, JOSEPH A		2.2 NAME		
STREET ADDRESS	4020 HUCKLEBERRY ROW		2.3 STREET ADDRESS		
CITY-ST ZIF	ELLICOTT CITY MD 21043		2. 4 CITY - ST - ZIP		
Tillet	\$	☐ DELETE	3.1 TITLE		Change Addition
NAM i	COOK, MICHAEL S		3.2 NAME		
STHEET ALLERESS	6609 TULIP HILL TERR		3.3 STREET ADDRESS		
C(1) - S1 - 7(0)	BETHESDA MD 20816		3.4. CITY-ST-ZIP		
1614		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME:			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
£-1Y-51-7IP		The same	4.4 CITY - ST - ZIP		The state of the s
Tille		DELETE	5.1 TITLE		Change Addition
19705			5.2 NAME		
STREET ADDIECTOR			5.3 STREET ADDRESS		
CH1Y - 51 - ZIP		Louisv	5.4 CITY - ST - ZIP		Change Addition
TIBLE	<u> </u> -	DELETE	6.1 TITLE		Change Addition
NAME	:		6.2 NAME		
SPRECT ADDRESS	i		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 tarn 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 Brock 12 or Block 3 if changed, or contain attachment with an address.