

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003388 (3)

1. Corporation Name

LOMBARD ADVISORS INCORPORATED



Principal Place of Business 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202	Mailing Address 300 EAST LOMBARD STREET SUITE 920 BALTIMORE MD 21202-3293
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report
21		26		4. FEI Number 52-1889603	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
24		25		29	
24		25		29	


9. Name and Address of Current Registered Agent HENLEY, RANDALL W ESQ. 322 BANYAN BLVD WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OFFD	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 31039	1.4 CITY-ST-ZIP	
TITLE	SEVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, EDWIN M	2.2 NAME	
STREET ADDRESS	834 HILLSIDE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21022	2.4 CITY-ST-ZIP	
TITLE	TEVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, EH P	3.2 NAME	
STREET ADDRESS	1210 SW 22ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:  4/21/97 (410) 783-1600

CR2E034 (9/96)