

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # F96000006583 (6)

1. Corporation Name
SEMINOLE-OXFORD CORPORATION

Principal Place of Business
7200 WISCONSIN AVE., STE. 1100
BETHESDA MD 20814

Mailing Address
7200 WISCONSIN AVE., STE. 1100
BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	ASST. SECRETARY
NAME	ZICKLER, LEO E	1.2 NAME	MARY ANN EWERS
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	1.3 STREET ADDRESS	7200 WISCONSIN AVENUE, #1100
CITY-ST-ZIP	BETHESDA MD 20814	1.4 CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	DP	2.1 TITLE	
NAME	LAVIN, FRANCIS P	2.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	DOWNING, ROBERT B	3.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ABRAMS, MARC B	4.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	WILLARD, KENNETH C	5.2 NAME	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20814	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WALLACK, BARRY Z	6.2 NAME	
STREET ADDRESS	ONE INDIANA SQ.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	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: *Mary Ann Ewers* 8/1/97 (301) 961-3528

CR2E034 (4/97)