SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F98000002383 (

CM PLAZA II, INC.

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90016 020 ***550.00

					_								
Principal Place of Business Mailing Address						1 101(101 1410 1010 1011 1011 1011 1011					10 (11 0) 1000 1111 1001		
11200 ROCKVILLE PIKE 11200 ROCKVILLE PIKE ROCKVILLE MD 20852 ROCKVILLE MD 20852													
								DO NOT WRITE	IN THIS S	PACE		_	
								3. Date Incorporated or Qualified 04/27/1998					
2. Principal Place of Business				2a. Mailing Address			1	4. FEI Number		_	Applied For		
21				26 Attention Julie White			te	52-2089844 Not A				1	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc. 27 11200 Rockville Pike,			ħЯ.	5. Certificate of Status Desired \$8.75 Addition Fee Requirements					
23	City & State					'n		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
24	Zip	111111111111111111111111111111111111111	Country 25	Zip ,				8. This corporation owes the current year Intangible Personal Property.					
9. Name and Address of Current Registered Agent								10. Name and Address of New Re	gistered A	gent	-/ \]	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code							
						84 Ci	ty	FL 85 Zip C					
	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 [NDT: Registered Agent signature) DATE												
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Reg						Jacob Agent adjusted Industry							
					13. 1.1 TIT	16	TV.	ADDITIONS/CHANGES TO OFFI	CERS AND	_		Է	
NAME DOCKSER, WILLIAM B			DELETE	1.1 III 1.2 NA		Dav	id B. lannarone oo Rockville Pike	L.	Cha	nge 🔼 Addition	3		
STREET ADDRESS		11200 ROCKVILLE PIKE			1.3 \$7	STREET ADDRESS 11200 ROCKVIlle FILE					1		
CITY-ST-ZIP		ROCKVILLE MD 20852			1.4 CI	1.4 CITY-ST-ZIP 2N		kville, Maryland 21)85 <u>a</u>] [
TITLE DP			DELETE	2.1 TI	LE				Cha	nge Addition	Ι.		
N/	. ME	WILLOU	MILLOUGHBY, H. WILLIAM			ME							
	DEET ADDRESS		OCKVILLE PIKE		23 97	REET ADDE	IESS						

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

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ROCKVILLE MD 20852

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 it changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

ROCKVILLE MD 20852

AZZARA, CYNTHIA O

11200 ROCKVILLE PIKE

ROCKVILLE MD 20852

BLOCHER, ANDREW P

ROCKVILLE MD 20852

HANSON, BRIAN L SR.

ROCKVILLE MD 20852

11200 ROCKVILLE PIKE

COOPER, DOUGLAS L SR.

11200 ROCKVILLE PIKE

11200 ROCKVILLE PIKE

<u>DOJSUATURE REOURED</u>

7/19/99

301-816-2300

Change Addition

Change

___ Change

Addition

Addition

___ Addition