


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

FILED  
Feb 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J73225** (1)

1. Corporation Name  
**RIKAD PROPERTIES, INC.**

Principal Place of Business

**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

Mailing Address

**10065 RED RUN BLVD  
OWINGS MILLS MD 21117-4827  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1987</b>		3a. Date of Last Report <b>03/06/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>52-1542718</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S PINE ISL RD PLANTATION FL 32324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULCHINO, MARK			1.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD			1.3 STREET ADDRESS			
CITY - ST - ZIP	OWINGS MILLS MD			1.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIRKA, LAWRENCE P			2.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD			2.3 STREET ADDRESS			
CITY - ST - ZIP	OWINGS MILLS MD			2.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAHILL, DENNIS A			3.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD			3.3 STREET ADDRESS			
CITY - ST - ZIP	OWINGS MILLS MD 21117			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELKINS, MARSHALL A			4.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD			4.3 STREET ADDRESS			
CITY - ST - ZIP	OWINGS MILLS MD			4.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVIN, MARC			5.2 NAME			
STREET ADDRESS	10065 RED RUN BLVD.			5.3 STREET ADDRESS			
CITY - ST - ZIP	OWINGS MILLS MD 21117			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: *Mark Fulchino* **mark fulchino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/97*  
Date

*(410) 998-8578*  
Daytime Phone

CR2E034 (9/96)