

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K31829** (0)

1. Corporation Name
CASA DEL MAR, INC.



Principal Place of Business 1880 N. PINE ISLAND RD. #113 PLANTATION FL 33322 US	Mailing Address 1615 M STREET, N.W. SUITE 850 WASHINGTON DC 20036-3209 US
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2. Principal Place of Business 21 8065 Leesburg Pk Suite Apt. # etc. 22 Suite 400 City & State 23 Vienna, VA Zip 24 22182	2a. Mailing Address 26 8065 Leesburg Pk Suite, Apt. #, etc. 27 Suite 400 City & State 28 Vienna, VA Zip 29 22182	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 08/26/1988	3a. Date of Last Report 01/25/1996
4. FEI Number 62-1365270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 MAINGUY, DAVID 8500 W. SUNRISE BLVD. PLANTATION FL 33322	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, STEPHEN A.	
STREET ADDRESS	1615 M ST NW, STE 850	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCH, MARTIN J.	
STREET ADDRESS	1615 M ST NW, STE 850	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PEAY, TERRY	
STREET ADDRESS	1615 M ST NW, STE 850	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heller, J. Roderick III	
1.3 STREET ADDRESS	8065 Leesburg Pike	
1.4 CITY-ST-ZIP	Vienna, VA 22182	
2.1 TITLE	D/EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sullivan, William	
2.3 STREET ADDRESS	8065 Leesburg Pike	
2.4 CITY-ST-ZIP	Vienna, VA 22182	
3.1 TITLE	D/EVP/COFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grant, Ann Marie	
3.3 STREET ADDRESS	8065 Leesburg Pike	
3.4 CITY-ST-ZIP	Vienna, VA 22182	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ross, Eric N	
4.3 STREET ADDRESS	8065 Leesburg Pike	
4.4 CITY-ST-ZIP	Vienna, VA 22182	
5.1 TITLE	SVP/5/FC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bonder, Joel F.	
5.3 STREET ADDRESS	8065 Leesburg Pike	
5.4 CITY-ST-ZIP	Vienna, VA 22182	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Banks, Mildred C	
6.3 STREET ADDRESS	8065 Leesburg Pike	
6.4 CITY-ST-ZIP	Vienna, VA 22182	

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: *Mildred C. Banks* *Mildred C. Banks, Asst Secy* 4-29-97 703/394-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year #

0497420

CR2E034 (9/96)