


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).

FILED
Sep 17, 1999 8:00 am
Secretary of State
 09-17-1999 90007 025 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M83879
 1. Corporation Name
CHURCH STREET STATION, INC.



Principal Place of Business 129 W. CHURCH ST. ORLANDO FL 32801	Mailing Address 250 W. PRATT ST. 23RD FLOOR BALTIMORE MD 21201-2423 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1988

2. Principal Place of Business 21 111 Market Place Suite, Apt. #, etc. 22 Suite 200 City & State 23 Baltimore, Maryland Zip 24 21202 Country 25 USA	2a. Mailing Address 26 111 Market Place Suite, Apt. #, etc. 27 Suite 200 City & State 28 Baltimore, Maryland Zip 29 21202 Country 30 USA
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4. FEI Number 52-1858030	Applied For 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AMBLER, BRUCE M.		1.2 NAME Edward A. Crooke	
STREET ADDRESS 250 W. PRATT ST.		1.3 STREET ADDRESS 39 W. Lexington St.	
CITY-ST-ZIP BALTIMORE MD		1.4 CITY-ST-ZIP Baltimore, MD 21201	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AUSLEY, PAUL C.		2.2 NAME Steven D. Kesler	
STREET ADDRESS 129 W. CHURCH ST.		2.3 STREET ADDRESS 111 Market Place, Suite 500	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Baltimore, MD 21202	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKOWRONSKI, DAN R		3.2 NAME Dan R. Skowronski	
STREET ADDRESS 250 W. PRATT ST.		3.3 STREET ADDRESS 111 Market Place, Suite 200	
CITY-ST-ZIP BALTIMORE MD		3.4 CITY-ST-ZIP Baltimore, MD 21202	
TITLE DVC	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRIFFIN, RANDALL M.		4.2 NAME Charles E. Garman, Jr.	
STREET ADDRESS 250 W. PRATT ST.		4.3 STREET ADDRESS 111 Market Place, Suite 200	
CITY-ST-ZIP BALTIMORE MD		4.4 CITY-ST-ZIP Baltimore, MD 21202	
TITLE DPAS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINDHAM, ROBERT E.		5.2 NAME	
STREET ADDRESS 129 W. CHURCH ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE VT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILBERT, JOHN F.		6.2 NAME	
STREET ADDRESS 129 W. CHURCH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *Skowronski 9/10/99 (410) 230-4681*

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CR2E034 (5/99)