


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27006 (6)
1. Corporation Name
MTM BUILDER/DEVELOPER, INC.



Principal Place of Business 44 CANAL CENTER PLAZA #400 ALEXANDRIA VA 22314	Mailing Address 44 CANAL CENTER PLAZA #400 ALEXANDRIA VA 22314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 KING ST #200 Suite, Apt. #, etc. 22 ALEXANDRIA, VA City & State 23 22314 Zip 24		2a. Mailing Address 26 717 KING ST. #200 Suite, Apt. #, etc. 27 ALEX, VA City & State 28 22314 Zip 29		3. Date Incorporated or Qualified 11/22/1989		4. FEI Number 54-1270371		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 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 MOREHOUSE, DEAN F. 14290 CYPRESS ISLAND CIRCLE PALM BEACH GARDENS FL 33410				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			
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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, 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	STD	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MOREHOUSE, LINDA W.		1.2 NAME	DEAN F. MOREHOUSE			
STREET ADDRESS	14290 CYPRESS ISLAND CIR		1.3 STREET ADDRESS	717 KING ST #200			
CITY-ST-ZIP	PALM BCH GDNS FL		1.4 CITY-ST-ZIP	ALEXANDRIA VA 22314			
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUTLER, MIRIAM J.		2.2 NAME	CUTLER, MIRIAM J.			
STREET ADDRESS	1921 24TH STREET, NW		2.3 STREET ADDRESS	2301 GALLOWAY RD # 230			
CITY-ST-ZIP	WASHINGTON DC		2.4 CITY-ST-ZIP	DUNN LORING, VA 22027			
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EISENLOHR, JAMES B.		3.2 NAME	EISENLOHR, JAMES B.			
STREET ADDRESS	44 CANAL CENTER PL. #400		3.3 STREET ADDRESS	717 KING ST. #200			
CITY-ST-ZIP	ALEXANDRIA VA		3.4 CITY-ST-ZIP	ALEXANDRIA, VA 22314			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0009959

CR2E034 (10/97)