

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29450** (4)

1. Corporation Name
MONUMENTAL INVESTMENT CORPORATION



Principal Place of Business: **2207 MONUMENTAL AVE BALTIMORE MD 21227**
Mailing Address: **2207 MONUMENTAL AVE BALTIMORE MD 21227**

3. Date Incorporated or Qualified: **05/19/1990**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **52-1222529**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, M. DELMAR, JR.	12 NAME	
STREET ADDRESS	905 RAVENSHEAD HILL	13 STREET ADDRESS	
CITY-STATE-ZIP	SHERWOOD FOREST MD	14 CITY-STATE-ZIP	
TITLE	SV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ROBERT T.	22 NAME	
STREET ADDRESS	1233 NOTTINGHAM ROAD	23 STREET ADDRESS	
CITY-STATE-ZIP	WESTMINSTER MD	24 CITY-STATE-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ADALBERTO A.	32 NAME	
STREET ADDRESS	7014 PELICAN ISLAND DR	33 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	34 CITY-STATE-ZIP	
TITLE	VPD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, PARKER O JR.	42 NAME	
STREET ADDRESS	1 EVANS HILL	43 STREET ADDRESS	
CITY-STATE-ZIP	SHERWOOD FOREST MD	44 CITY-STATE-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, E. R.	52 NAME	
STREET ADDRESS	703 ROBIN HOOD HILL	53 STREET ADDRESS	
CITY-STATE-ZIP	SHERWOOD FOREST MD	54 CITY-STATE-ZIP	
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVERMAN, SIMON	62 NAME	
STREET ADDRESS	20 JUDGES LANE	63 STREET ADDRESS	
CITY-STATE-ZIP	TOWSON MD	64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 its 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 designated as an additional shareholder with an address.

SIGNATURE: *Robert T. O'Brien* **ROBERT T. O'BRIEN** 3/1/96 410-247-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)