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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 21227-4611

3. Date Incorporated or Qualified: 05/19/1990
3a. Date of Last Report: 03/18/1996
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 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 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: _____ DATE: _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RITCHIE, M. DELMAR, JR.	
STREET ADDRESS	905 RAVENSHEAD HILL	
CITY - ST - ZIP	SHERWOOD FOREST MD	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ROBERT T.	
STREET ADDRESS	1233 NOTTINGHAM ROAD	
CITY - ST - ZIP	WESTMINSTER MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEREZ, ADALBERTO A.	
STREET ADDRESS	7014 PELICAN ISLAND DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHAPMAN, PARKER O JR.	
STREET ADDRESS	1 EVANS HILL	
CITY - ST - ZIP	SHERWOOD FOREST MD	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENT, E. R	
STREET ADDRESS	703 ROBIN HOOD HILL	
CITY - ST - ZIP	SHERWOOD FOREST MD	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRAVERMAN, SIMON	
STREET ADDRESS	20 JUDGES LANE	
CITY - ST - ZIP	TOWSON MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	CEO / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Robert T. O'Brien* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT T. O'BRIEN Date: 1/27/97 Daytime Phone #: 410-247-2200

CR2E034 (9/96)