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

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE. #800

26

28

29

8737 COLESVILLE RD.

SILVER SPRING MD 20910

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1998

Principal Place of Business

SILVER SPRING MD 20910

2. Principal Place of Business

8737 COLESVILLE RD.

Suite, Apt. #, etc.

City & State

Zip

STE. #800

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33272 (6)
REALTY INVESTMENT COMPANY, INC. OF MARYLAND

Country

9. Name and Address of Current Registered Agent

25

2447 N. WICKHAM RD., #118 MELBOURNE FL 32935

C/O REALTY INVESTMENT CO., INC.

MATHEW LUNDSTROM

FILED Mar 20 1998 8:00am Secretary of State

	DO NOT WRITE	E IN TH	IS SPACE		
3.	Date incorporated or Qualified 03/22/1991				
4.	FEI Number			Applied For	
	53-0197749		_	Not Applicable	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
10.	Name and Address of New Re	gistere	Agent		

Name MATHEW LUNDSTROM GO REALTY INDESTMENT CO.INC.

Street Address (P.O. Box Number is Not Acceptable)
24°3 CENTREL PARK DRIVE

84 City WELBOWENE, FL 85 Zip Code 3-9-3-5

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

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Country

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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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 12					
TITLE	CPD	DELETE	1.1 TITLE		Change	Addition					
NAME	Bainum, Stewart		1.2 NAME								
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800		1.3 STREET ADDRESS								
CITY-ST-ZIP	SILVER SPRING MD		1.4 CITY - ST - ZIP								
TITLE	7	DELETE	2.1 TITLE		☐ Change	Addition					
NAME	EVERNGAM, WILLIAM H.		2.2 NAME			J					
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800		2.3 STREET ADDRESS								
CITY-ST-ZIP	SILVER SPRING MD 20910		2. 4 CITY - ST - ZIP								
TITLE	SD	DELETE	3.1 TITLE		Change	Addition					
NAME	BAINUM, BARBARA		3.2 NAME								
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800		3.3 STREET ADDRESS								
CITY-ST-ZIP	SILVER SPRING MD 20910		3.4. CITY - ST - ZIP	`							
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change	Addition					
NAME	BOWDITCH, PATRICIA L.		4.2 NAME								
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800		4.3 STREET ADDRESS								
CITY-ST-ZIP	SILVER SPRING MD		4.4 City-St-ZIP								
TITLE	D	☐ DELETE	51 TITLE	00000246	4 - Change	Addition					
NAME	BAINUM, BRUCE		5.2 NAME	-03/23/980100	2007						
STREET ADDRESS	8737 COLESVILLE ROAD, SUITE 800		5.3 STREET ADDRESS	***150.00	2 001						
CITY-ST-ZIP	SILVER SPRING MD 20910		5.4 CITY - ST - ZIP								
TITLE	D	DELETE	6.1 TITLE		☐ Change	Äddition					
NAME	RENSCHLER, SCOTT		6.2 NAME		$\sim \sim 10$	ω $ $					
STREET ADORESS	8737 COLESVILLE ROAD, SUITE 800		6.3 STREET ADDRESS	(パープ						
CITY OT 7ID	SILVER SPRING MD		CACITY, CT7ID	•		l					

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 VITURIA (FOUNDER)

2/10/92

3011495-4400

CR2E034 (10/97)