FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P39146 (6)**

1. Corporation Name

ASSET ADVISORS, INCORPORATED OF MARYLAND

Principal Place of Business	Mailing Address
4800 MONTGOMERY LN STE 200 BETHESDA MD 20814 US	4800 MONTGOMERY LN STE 200 BETHESDA MD 20814 US

3. Date Incorporated or Qualified: **06/05/1992**
3a. Date of Last Report: **03/28/1995**

4. FEI Number: **52-1768665** ☐ Applied For ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4550 Montgomery Ave.	26 4550 Montgomery Ave.
Suite, Apt. #, etc. 22 1150	Suite, Apt. #, etc. 27 1150
City & State 23 Bethesda, MD	City & State 28 Bethesda, MD
Zip / Country 24 20814 / 25	Zip / Country 29 20814 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BEASLEY, GAYE G.		1.2 NAME		
STREET ADDRESS	4800 MONTGOMERY LN STE 200		1.3 STREET ADDRESS	4550 Montgomery Ave. #1150	
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	VSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COMINGS, WILLIAM D		2.2 NAME		
STREET ADDRESS	4800 MONTGOMERY LN STE 200		2.3 STREET ADDRESS	4550 Montgomery Ave. #1150	
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MARTIN, HELEN SUE		3.2 NAME		
STREET ADDRESS	4800 MONTGOMERY LN STE 200		3.3 STREET ADDRESS	4550 Montgomery Ave. #1150	
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP	Bethesda, MD 20814	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ 301-718-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

_____ Vice President
Title