

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S08919 (0)

1. Corporation Name  
TNDL, INC.

Principal Place of Business  
C/O WILLIAM CROSS  
111 MASSACHUSETTS AVENUE. N.W.  
WASHINGTON DC 20001

Mailing Address  
C/O WILLIAM CROSS  
111 MASSACHUSETTS AVENUE. N.W.  
WASHINGTON DC 20001-1481



2. Principal Place of Business 21 111 Massachusetts Ave, NW Suite, Apt. #, etc. 22 City & State 23 Washington, DC Zip 24 20001		2a. Mailing Address 26 111 Massachusetts Ave, NW Suite, Apt. #, etc. 27 City & State 28 Washington, DC Zip 29 20001		3. Date Incorporated or Qualified 10/26/1990		3a. Date of Last Report 01/26/1996	
				4. FEI Number 52-1747286		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD 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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	CD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GEORGINE, ROBERT A.					1.2 NAME					
STREET ADDRESS	111 MASS. AVE. N.W.					1.3 STREET ADDRESS					
CITY - ST - ZIP	WASHINGTON DC					1.4 CITY - ST - ZIP					
TITLE	V	<input type="checkbox"/> DELETE				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LUCE, JAMES					2.2 NAME					
STREET ADDRESS	111 MASS. AVE. N.W.					2.3 STREET ADDRESS					
CITY - ST - ZIP	WASHINGTON DC					2.4 CITY - ST - ZIP					
TITLE	V	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PERKINS, TOM					3.2 NAME					
STREET ADDRESS	111 MASS. AVE. N.W.					3.3 STREET ADDRESS					
CITY - ST - ZIP	WASHINGTON DC					3.4 CITY - ST - ZIP					
TITLE	V	<input type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CARABILLO, JOSEPH					4.2 NAME					
STREET ADDRESS	111 MASS. AVE. N.W.					4.3 STREET ADDRESS					
CITY - ST - ZIP	WASHINGTON DC					4.4 CITY - ST - ZIP					
TITLE	STD	<input type="checkbox"/> DELETE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NOLL, LESTER H SR					5.2 NAME					
STREET ADDRESS	111 MASS AVE N.W.					5.3 STREET ADDRESS					
CITY - ST - ZIP	WASHINGTON DC 20001					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 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: *Theresa A. Bracken* *Theresa A. Bracken* 202-682-0900  
Date Daytime Home #

CR2E034 (9/96)