


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H33363 (3)

1. Corporation Name
1113 CORPORATION

Principal Place of Business 8401 CONNECTICUT AVE. ATTN: KIM BRANDON CHEVY CHASE MD 20815	Mailing Address 8401 CONNECTICUT AVE. ATTN: KIM BRANDON CHEVY CHASE MD 20815
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1984	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 52-1371696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		27	
28		29		30	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
				85	Zip Code
					FL

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	DP CARACI, PHILIP D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 CONNECTICUT AVE.	1.2 NAME	
STREET ADDRESS	CHEVY CHASE MD	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV HEASLEY, ROSS E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 CONNECTICUT AVE.	2.2 NAME	
STREET ADDRESS	CHEVY CHASE MD	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CLARK, PATRICIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 CONNECTICUT AVE.	3.2 NAME	
STREET ADDRESS	CHEVY CHASE MD	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS BRANDON, KIMBERLEY J.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 CONNECTICUT AVE.	4.2 NAME	
STREET ADDRESS	CHEVY CHASE MD	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T ALBRIGHT, WILLIAM K.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8401 CONNECTICUT AVE.	5.2 NAME	
STREET ADDRESS	CHEVY CHASE MD	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: W.K. ALBRIGHT 4/24/98 301-986-6103

CR2E034 (10/97)