

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90217 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H33363**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1984	
21		26		4. FEI Number 52-1371696	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARACI, PHILIP D.			1.2 NAME			
STREET ADDRESS	8401 CONNECTICUT AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEASLEY, ROSS E.			2.2 NAME			
STREET ADDRESS	8401 CONNECTICUT AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, PATRICIA			3.2 NAME			
STREET ADDRESS	8401 CONNECTICUT AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRANDON, KIMBERLEY J.			4.2 NAME			
STREET ADDRESS	8401 CONNECTICUT AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALBRIGHT, WILLIAM K.			5.2 NAME			
STREET ADDRESS	8401 CONNECTICUT AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHEVY CHASE MD			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 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, with all other like empowered.

SIGNATURE: _____ Date: **4/29/99** Daytime Phone #: **301-986-6103**

CRSE034 (11/98)