

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **839072** (6)

1. Corporation Name
HAMMER, SILER, GEORGE ASSOCIATES, INC.



Principal Place of Business: **1111 BONIFANT ST. SILVER SPRING MD 20910**
Spring

Mailing Address: **1111 BONIFANT ST. SILVER SPRING MD 20910**
Spring

3. Date Incorporated or Qualified: **09/07/1977**

3a. Date of Last Report: **02/07/1995**

4. FEI Number: **52-1086077**

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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **DENGLER, GEORGE H. 508 ANTIOCH AVE., #1 FT. LAUDERDALE FL 33308**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	11 TITLE	12 NAME	13 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	21 TITLE	22 NAME	23 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	31 TITLE	32 NAME	33 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	41 TITLE	42 NAME	43 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	51 TITLE	52 NAME	53 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	61 TITLE	62 NAME	63 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	71 TITLE	72 NAME	73 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	81 TITLE	82 NAME	83 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	91 TITLE	92 NAME	93 STREET ADDRESS

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: *Nancy A. Castell* 2/16/96 301 565-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (12/95)