

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

FILED
Mar 12 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 # 839072 (6)

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



Principal Place of Business 1111 BONIFANT ST. SILVER SPRING MD 20910 US	Mailing Address 1111 BONIFANT ST. SILVER SPRING MD 20910-3376 US
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3. Date Incorporated or Qualified 09/07/1977	3a. Date of Last Report 02/27/1996
4. FEI Number 52-1086077	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 type="checkbox"/> No	

2. Principal Place of Business 21 Sube, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sube, Apt. #, etc. 27 City & State 28 Zip Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEORGE, VERNON	
STREET ADDRESS	1111 BONIFANT ST SILVER SPRING MD	
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOULD, JACK	
STREET ADDRESS	1140 CONN. AVE., N.W. WASHINGTON DC	
CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASTELL, NANCY A.	
STREET ADDRESS	1111 BONIFANT ST SILVER SPRING MD	
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAMMONS, J. LEE	
STREET ADDRESS	1638 PENNSYLVANIA DENVER CO	
CITY-STATE-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WINGFIELD, J.D. JR.	
STREET ADDRESS	1422 W. PEACHTREE STREET ATLANTA GA	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Nancy A. Castell Nancy A. Castell 3/5/97 301 565-5200
 SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)