

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005493 (0)**

1. Corporation Name  
**FAIRMOUNT ASSOCIATES, INC.**



Principal Place of Business: **515 FAIRMOUNT AVE #900 TOWSON MD 21286**  
Mailing Address: **515 FAIRMOUNT AVE #900 TOWSON MD 21286**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/09/1995</b>	3a. Date of Last Report <b>N/A</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>52-1848025</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	29. City & State	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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	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: \_\_\_\_\_ (Print Name, Title, and Date) \_\_\_\_\_ (Print Name, Title, and Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DCV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BATZA, MICHAEL J JR	2.1 NAME	
3. STREET ADDRESS	515 FAIRMOUNT AVE #900	3.1 STREET ADDRESS	
4. CITY, STATE, ZIP	TOWSON MD 21286	4.1 CITY, STATE, ZIP	
5. TITLE	DPT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	LINEHAN, EARL L	6.1 NAME	
7. STREET ADDRESS	515 FAIRMOUNT AVE #900	7.1 STREET ADDRESS	
8. CITY, STATE, ZIP	TOWSON MD 21286	8.1 CITY, STATE, ZIP	
9. TITLE	D	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	LIPITZ, ROGER C	10.1 NAME	
11. STREET ADDRESS	515 FAIRMOUNT AVE #900	11.1 STREET ADDRESS	
12. CITY, STATE, ZIP	TOWSON MD 21286	12.1 CITY, STATE, ZIP	
13. TITLE	S	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	VANBAALEN, DEBORAH	14.1 NAME	
15. STREET ADDRESS	515 FAIRMOUNT AVE #900	15.1 STREET ADDRESS	
16. CITY, STATE, ZIP	TOWSON MD 21286	16.1 CITY, STATE, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, STATE, ZIP		20.1 CITY, STATE, ZIP	
21. TITLE		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22.1 NAME	
23. STREET ADDRESS		23.1 STREET ADDRESS	
24. CITY, STATE, ZIP		24.1 CITY, STATE, ZIP	

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, change, or delete all information on this address.

SIGNATURE: \_\_\_\_\_ (Signature and Typed or Printed Name of Signing Officer or Director) \_\_\_\_\_ (Signature and Typed or Printed Name of Signing Officer or Director)

2/7/96 (410) 769-6100

CR2E034 (12/95)