

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

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**Apr 22 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 # P20939 (5)
 1. Corporation Name
CAGLEY & ASSOCIATES, INC.



Principal Place of Business 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852	Mailing Address 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852-3901
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3. Date Incorporated or Qualified 09/16/1988	3a. Date of Last Report 04/18/1996
4. FEI Number 52-1432994	Applied For <input type="checkbox"/> 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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**SCHMITT, RONALD
 425 ROSSETTI CIRCLE NORTH
 NOKOMIS FL 34275**

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

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGLEY, JAMES R.	1.2 NAME	
STREET ADDRESS	11312 HUNTOVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGLEY, SHARON K.R.	2.2 NAME	
STREET ADDRESS	11312 HUNTOVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBERT, DAVID H.	3.2 NAME	
STREET ADDRESS	4900 HORNBEAM DRIVE	3.3 STREET ADDRESS	16312 BATCHELLOR'S FOREST ROAD
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	OLNEY, MD
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLE, RICHARD	4.2 NAME	
STREET ADDRESS	12245 CARROLL MILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRETHANN R. CAGLEY ORSAK	5.2 NAME	
STREET ADDRESS	10020 CLUE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, 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 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: David H. Holbert DAVID H. HOLBERT 4-7-97 (301)881-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)