

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

FLORIDA CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3900 WASHINGTON BLVD., N.W.
WASHINGTON, D.C. 20007

DOCUMENT # P27834 (1)
1. Corporation Name
OEHME, VAN SWEDEN AND ASSOCIATES, INC.

APPROVED
AND
FILED

95 FEB 23 PM 6:13

Principal Place of Business: **800 G STREET, S.E. WASHINGTON DC 20003**
Mailing Address: **800 G STREET, S.E. WASHINGTON DC 20003**

DO NOT WRITE IN THESE SPACES
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
800 G STREET, S.E. WASHINGTON DC 20003		800 G STREET, S.E. WASHINGTON DC 20003		01/23/1990	03/08/1994
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number	Applied For / Not Applicable
				52-1101783	
25. City & State	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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. 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 of person authorized to file this report and to accept legal liability for its contents) (NOTE: Registered Agent signature means direct ownership)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SWEDEN, JAMES A.	1.2 NAME	
STREET ADDRESS	2813 N. ST., N.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CHARLES E.	2.2 NAME	
STREET ADDRESS	800 G ST., S.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEHME, WOLFGANG	3.2 NAME	
STREET ADDRESS	511-A WEST JOPPA RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BALTIMORE MD	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information included 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. I, or 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 on Block 12 or Block 13 as required, or on an attachment with an address.

SIGNATURE: WOLFGANG OEHME 2/7/95 202-546-7575
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Telephone Number)