SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **220842** **(9)**

1. Corporation Name

REGAL ONE CORPORATION

Principal Place of Business	Mailing Address
REGAL ONE CORPORATION P.O. BOX 491339 LOS ANGELES CA 90049-8339	REGAL ONE CORPORATION P.O. BOX 491339 LOS ANGELES CA 90049-8339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/02/1959
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-0861861 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature of new registered agent, if changed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☒ Change	☒ Addition
TITLE	PD	11 TITLE	
NAME	RUBINSTEIN, ISRAEL	12 NAME	
STREET ADDRESS	12234 MONTANA AVENUE	13 STREET ADDRESS	12334 Montana Avenue
CITY ST ZIP	LOS ANGELES CA	14 CITY ST ZIP	Zip: 90049
		☒ Change	☐ Addition
TITLE	STD	21 TITLE	
NAME	WISHNER, EDWARD	22 NAME	
STREET ADDRESS	22026 STRATHERN ST., #11	23 STREET ADDRESS	22611 Watebury Street
CITY ST ZIP	CONOGA PARK CA	24 CITY ST ZIP	Woodland Hills, Ca.91364
		☒ Change	☐ Addition
TITLE	D	31 TITLE	
NAME	BURG, STEPHEN F.	32 NAME	
STREET ADDRESS	13700 PANAY WAY	33 STREET ADDRESS	3257 Winged Foot Drive
CITY ST ZIP	MARINA DEL REY CA	34 CITY ST ZIP	Fairfield, Ca.94533
		☐ Change	☐ Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
		☐ Change	☐ Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
		☐ Change	☐ Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	
		☐ Change	☐ Addition

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)(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 any attachment with an address.

SIGNATURE: [signature] ISRAEL RUBINSTEIN 7/17/95 (310) 447-9289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0177730 FP

CR2E034 (3/95)