

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

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**98 MAR -4 PM 12:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 853634 (4)**

1. Corporation Name  
**EASTERN PROFESSIONAL PROPERTIES, INC.**

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105 US</b>	Mailing Address <b>3820 STATE STREET SANTA BARBARA CA 93105 US</b>
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3. Date Incorporated or Qualified  
**08/02/1982**

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

4. FEI Number  
**93-3565201**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DSVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SCOTT M.</b>	1.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOCHT, MICHAEL H</b>	2.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKEY, THOMAS B</b>	3.2 NAME	
STREET ADDRESS	<b>2011 POLOMAR AIRPORT RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSBAD CA 92009</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLEN, TERENCE P.</b>	4.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	4.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH W. RANDOLPH</b>	5.2 NAME	
STREET ADDRESS	<b>14001 DALLAS PARKWAY, STE. 200</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUNDGREN, ALAN</b>	6.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	6.4 CITY-ST-ZIP	

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\*\*\*\*150.00 \*\*\*\*150.00

AD 3/4

14. I 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 *Alan Lundgren* **Alan Lundgren** 2/26/98 805/563-7075

CR2E034 (10/97)