FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 28 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001826 (6)**

1. Corporation Name

PMREALTY ADVISORS, INC.

Principal Place of Business	Mailing Address
SUITE 300 800 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660	SUITE 300 800 NEWPORT CENTER DRIVE NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1994	

2. Principal Place of Business 21	2a. Mailing Address 26 700 NEWPORT CENTER DRIVE	4. FEI Number 33-0045226	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: CORPORATE TAX	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 NEWPORT BEACH, CA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 92660 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301	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, typed or printed name of registered agent and title if applicable — (DATE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	BAILEY, STEPHEN T	12 NAME	AUDREY L. MILFS	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	13 STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	14 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	SUTTON, THOMAS C	22 NAME		
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	23 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	24 CITY-ST-ZIP		
TITLE	CEOP	31 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	CVENGROS, WILLIAM D	32 NAME	GLENN S. SCHAFER	
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	33 STREET ADDRESS	700 NEWPORT CENTER DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	34 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	MDD	41 TITLE		☐ Change ☐ Addition
NAME	MCWALTERS, JAMES G	42 NAME		
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	43 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	44 CITY-ST-ZIP		
TITLE	MDD	51 TITLE		☐ Change ☐ Addition
NAME	NEILL, MICHAEL R	52 NAME		
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	53 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	54 CITY-ST-ZIP		
TITLE	MDD	61 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, LAWRENCE K	62 NAME		
STREET ADDRESS	800 NEWPORT CENTER DRIVE, SUITE 300	63 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA 92660	64 CITY-ST-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)(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: Audrey L. Milfs 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Audrey L. Milfs, Secretary

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