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**Apr 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F95000003888 (3)**

1. Corporation Name  
**PRICE BUSINESSES, INC.**



Principal Place of Business  
**4649 MORENA BLVD.  
SAN DIEGO CA 92117  
US**

Mailing Address  
**4649 MORENA BLVD.  
SAN DIEGO CA 92117-3650  
US**

3. Date Incorporated or Qualified  
**08/11/1995**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**33-0628740**

Applied For  
 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

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

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PRICE, ROBERT E
STREET ADDRESS	4649 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO CA 92117
TITLE	SCFO <input type="checkbox"/> DELETE
NAME	CARTER, DANIEL T
STREET ADDRESS	4649 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO CA 92117
TITLE	D <input type="checkbox"/> DELETE
NAME	PETERSON, PAUL A
STREET ADDRESS	4649 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO CA 92117
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BECKAVAC, NANCY Y
STREET ADDRESS	4649 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	DICKEY, WILLIAM P
STREET ADDRESS	4649 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	GALINSON, MURRAY L
STREET ADDRESS	4649 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hensley, Katherine L.
1.3 STREET ADDRESS	4649 Morena Blvd.
1.4 CITY-ST-ZIP	San Diego CA 92117
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jank, Leon C.
2.3 STREET ADDRESS	4649 Morena Blvd.
2.4 CITY-ST-ZIP	San Diego, CA 92117
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Daniel T. Carter** *Daniel T. Carter* **4/14/97** **619-581-4889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)