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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000951 (1)

PSI INSTITUTIONAL ADVISORS, INC.

FILED May 14 1998 8:00am Secretary of State



•	e of Business	•	Mailing Address			
PO BOX 2502 200		PO BOX 25025 GLENDALE CA 91201-502	25			
GLENDALE CA 91201-2349 LA					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 02/26/1996	
	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			94-4553166 Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & Stat	la	City & State				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	t	1001		10. Name and Address of New Registered Agent	
C.	T CORPORATION SYSTEM		81	Name		
1200 SOUTH PINE ISLAND ROAD			00	01	/DO Dai Marchaela Nat Accordable)	
	ANTATION FL 33324		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
. •			83			
		•	84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stalu	tes, the above	e-named co	orporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State	e of Florida, Such ch ange was sations of Section 607 0506. Ft	authorized by lorida Statutes	the corpor	oration's board of directors. I hereby accept the appointment as registered	
=	and technical with, and accept the every	janena en, electron our cool, i i	orida biatatos			
SIGNATURE	Signature, typed or printed name of registered sq	jent and title if applicable (NO	II. Registered Ago	nt signature rec	equired when reinstating) DATE	
12.	OFFICERS AN	AD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addilion	
NAME	LENKIN, HARVEY		1.2 NAME			
STREET ADDRESS	701 WESTERN AVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	GLENDALE CA		1.4 CITY-S	T-ZIP		
TITLE	VAS	☐ DELETE	2.1 TITLE		Change Addition	
NAME	REYES, JOHN EX		2.2 NAME		John Reyes	
STREET ADDRESS	701 WESTEN AVE		2.3 STREET	ADDRESS	5	
CITY-ST-ZIP	GLENDALE CA		2. 4 CITY-5	T-ZIP		
TITLE	VASD	X DÉLETE	3.1 TITLE		VAS ☐ Change ☑ Addition	
RAME	HORNE, HUGH W		3 2 NAME	0	Carl B. Phelps	
STREET ADDRESS	701 WESTERN AVE		3.3 STREET	ADDRESS .	701 western Ave	
CITY-ST-ZIP	GLENDALE CA		3.4. CITY - S	T-ZIP	Glendaie CA 91201-2349	
TITLE	VSD OFFICIA OPPEN B	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	GERICH, OBREN B		4. 2 NAME			
STREET ADDRESS	701 WESTERN AVE		4.3 STREET			
CITY-ST-ZIP	GLENDALE CA VPCA	T ones	4.4 CITY - S	1 - 2 IP		
TITLE	SINGELYN, DAVID P.	[_] DELETE	5.1 TITLE] Change	
NAME	701 WESTERN AVE.P.		5.2 NAME			
STREET ADDRESS	GLENDALE CA		5.3 STREET			
CITY-ST-ZIP	V	DELETE	5.4 CITY-S	T - ZIP	☐ Change ☐ Addition	
TITLE	WEBSTER, JILL L.		6.1 TITLE	1	L.) Change L.) Addition	
NAME	701 WESTERN AVE		6.2 NAME			
STREET ADDRESS	GLENDALE CA		6.3 STREET			
CITY-ST-ZIP	I _	and the disease down and mar-10.	6.4 CITY-S		in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
Indicated	L on th is annual report or supplement	al annual report is true and acc	curate and the	at my siana	in Section 1907(3)(i). Forida Statules - fluritier certify that the information ature shall have the same legal effect as if made under oath; that I am an equirod by Chapter 607, Florida Statutes, and that my name appears in	
Block 12	or Block 13 if changed, or on at all	ichment with an address.	CADOBLE INIS	opor as it	squired by chapter our in honer statutes, and that my harne appears in	

chment with an address.