
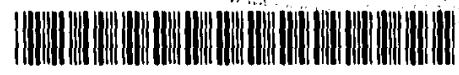


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000005587 1. Corporation Name CORPORATION 250		

SAVED BY 1:52
 STATE OF FLORIDA



Principal Place of Business 8303 ALONDRA BLVD., STE. 203 PARAMOUNT CA 90733	Mailing Address 8303 ALONDRA BLVD., STE. 203 PARAMOUNT CA 90733
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1997	4. FEI Number 95-4642891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 PTD	<input type="checkbox"/> DELETE	11 TITLE President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, FREDERICK A		12 NAME	
STREET ADDRESS 8303 ALONDRA BLVD., STE. 203		13 STREET ADDRESS	
CITY-ST-ZIP PARAMOUNT CA 90733		14 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	21 TITLE Secretary & Sr. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERKEL, KENNETH H		22 NAME	
STREET ADDRESS 8303 ALONDRA BLVD., STE. 203		23 STREET ADDRESS	
CITY-ST-ZIP PARAMOUNT CA 90733		24 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, DAVID SR.		32 NAME	
STREET ADDRESS 8303 ALONDRA BLVD., STE. 203		33 STREET ADDRESS	
CITY-ST-ZIP PARAMOUNT CA 90733		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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******150.00 ****150.00**

SL 2-1-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Frederick A. Cooper* **1-18-99** **562-634-8813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)