

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000006650**
Corporation Name
LANDSAFE SERVICES, INC.

Principal Place of Business
**10 PARK GRANADA, CH-11
LABASAS CA 91302**

Mailing Address
**4500 PARK GRANADA, CH-11
CALABASAS CA 91302**

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90008 024 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1998	
26 1515 WALNUT GROVE AVE.		26 1515 WALNUT GROVE AVE.		4. FEI Number 95-4595148	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
27 3RD FLOOR		27 3RD FLOOR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 ROSEMENDO, CA		28 ROSEMENDO, CA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25		29 91770	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	AS DANIEL, GLENDA J 18352 VICTORY BLVD. RESEDA CA 91335	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP	PD FAINE, MICHAEL 1104 BROOKHILL MCKINNEY TX 75070	<input type="checkbox"/> DELETE	1.2 NAME	RICK COSSANO			
ET ADDRESS	VCD GATES, MARSHALL M 4650 VALLEY SPRING DRIVE WESTLAKE VILLAGE CA 91362	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	1515 WALNUT GROVE AVE 3rd FLOOR			
ST-ZIP	CEO LENZ, SIDNEY 2728 SYLVAN WAY MCKINNEY TX 75070	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	ROSEMENDO, CA. 91770			
ET ADDRESS	COBD MOZIO, ANGELO R 3059 COUNTRY CLUB DRIVE GLENDALE CA 91208	<input type="checkbox"/> DELETE	2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
ST-ZIP	AS PERREY, JANET L 620 VIA NOVELLA OAK PARK CA 91301	<input type="checkbox"/> DELETE	2.2 NAME	KEVIN WEAVER			
ET ADDRESS			2.3 STREET ADDRESS	1515 WALNUT GROVE AVE 3rd FLOOR			
ST-ZIP			2.4 CITY-ST-ZIP	ROSEMENDO, CA 91770			
ET ADDRESS			3.1 TITLE	SANDOR SAMUEL S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP			3.2 NAME	4500 PARK GRANADA			
ET ADDRESS			3.3 STREET ADDRESS	CALABASAS CA 91302			
ST-ZIP			3.4 CITY-ST-ZIP				
ET ADDRESS			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP			4.2 NAME				
ET ADDRESS			4.3 STREET ADDRESS				
ST-ZIP			4.4 CITY-ST-ZIP				
ET ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP			5.2 NAME				
ET ADDRESS			5.3 STREET ADDRESS				
ST-ZIP			5.4 CITY-ST-ZIP				
ET ADDRESS			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP			6.2 NAME				
ET ADDRESS			6.3 STREET ADDRESS				
ST-ZIP			6.4 CITY-ST-ZIP				

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.

GNATURE: **1/10/99** SIGNATURE REQUIRED **8/23/99** **(626) 927-3202**

CR2E034 (5/99)