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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

DOCUMENT # P13654

(9)

Pri	incipal Place		FORS, INC.	Mailing Address							
% TAX DEPT. 50 Fremont Street. Suite 3700 San Francisco ca 94105			3700	% TAX DEPT. 50 FREMONT STREET, SUITE 3700 SAN FRANCISCO CA 94105-2230							
								3. Date Incorporated or Qualified	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
								03/17/1987	02/0	02/1996	
	Principal Pl	lace of Busine	38¢	2a. Mailing Address	F1			4. FEI Number		1 - 1 - 1 - 1 - 1	plied For
21	Suito Ant	# etc		Suite Ant # etc	Suite, Apt. #. etc.			94-2675217			t Applicable
22	Suite, Apt. #, etc.			1	27			5. Certificate of Status Desired		\$8.75 A Fee Rei	
	City & State	0		City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		\$5.00	·
23				28				Trust Fund Contribution		Added to	
	Zip	Country Zip Co			Country	y		8. This corporation has liability for			199.032,
24		25 29 30 9. Name and Address of Current Registered Agent				··· •••••] Yes ♪		
				nt Registered Agent	81	Nai	mo	10. Name and Address of New Re	gisterea	Agent	
			ON SYSTEM		["]	Ivai	TIC				
1200 S. PINE ISLAND ROAD					82	Stre	eet Addro	ess (P.O. Box Number is Not Acceptat	ole)	·	
PLANTATION FL 33324			, 33324		83	 					
										1 1 5	
					84	City	ý		FL	85 Zip C	Code
11	. Pursuant t	to the provision	ons of Sections 607.05	02 and 607.1508, Florida Statutes, th	ne abovo	re-nari	ned corp	oration submits this statement for the p		changing its	s registered
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.											
	IGNATURE .										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A									DATE		
12		CD	OH IGHS AN		13. S <i>E (</i> 11111LE	EA	TACH	E DADDITIONS/CHANGES TO OFFIC	JERS AND	DIRECTOR:	S IN 12 Addition
	AME				1.2 NAME		-			L] onongo	L. Hoshon
			ONT ST. #3700		1.3 STREET ADDRESS		ess				
			NCISCO CA			1.4 CITY-ST-7/P					
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N/A	AME	ARONSON, D W		5.2 NAME							
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	TY-ST-ZIP		NCISCO CA		5.4 CITY - S	\$1 - 7IP				T 05	T 1 4 4 4 7 4 2 1
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1	WE	HIGGINS,		1	6.2 NAME		_				
	REET ADDRESS	ALL ED 11/0/00 01			6.8 STREET ADDRESS 6.4 CITY+ST-ZIP		ESS				
	TY-ST-ZIP 6. I do hereb						on stated	Lin Section 119 07(3)(i) Florida Statute	es. I furthe	r certify that	the
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 eath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in Block 12 or Block 3 it changed, or only a attachment with an address.											

IGNATURE: Composition 11 1 (11) Assistant Treasurer 4.23.97 (415) 284-8723