

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:54

DOCUMENT # P17913 (5)

1. Corporation Name  
TEAM HEADQUARTERS, INC.

Principal Place of Business: 322 VISTA DEL MAR, REDONDO BEACH CA 90277  
Mailing Address: 322 VISTA DEL MAR, REDONDO BEACH CA 90277

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1988  
3s. Date of Last Report: 01/20/1994

4. FEI Number: 95-2836871  
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, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24, Country: 25  
City & State: 27  
Zip: 28, Country: 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: KASINO, MIKE  
STREET ADDRESS: 322 VISTA DEL MAR  
CITY- ST- ZIP: REDONDO BEACH CA

TITLE: VSD  
NAME: CLARK, JAY  
STREET ADDRESS: 322 VISTA DEL MAR  
CITY- ST- ZIP: REDONDO BEACH CA

TITLE: AST  
NAME: KASINO, VIRGINIA G.  
STREET ADDRESS: 322 VISTA DEL MAR  
CITY- ST- ZIP: REDONDO BEACH CA

TITLE: D  
NAME: KASINO, VIRGINIA G.  
STREET ADDRESS: 322 VISTA DEL MAR  
CITY- ST- ZIP: REDONDO BEACH CA

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE:  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Virginia Gonzalez (Kasino) 1/16/95 (310) 540-2190  
VIRGINIA GONZALEZ (KASINO)