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



CO	PROFIT RPORATION UAL REPORT 1997	Sand Se	EPARTMENT OF STATE  Irq B. Mortham,  cretary of State  OF CORPORATIONS		
	MENT # P319 INEYARDS, LTD. CORPO				
14000 TOMKI	se of Business ROAD LLEY CA 85470	Mailing Address 14000 TOMKI RD. REDWOOD VALLEY ( US	CA 95470-9532		
				3. Date Incorporated or Qualified 11/08/1990	3a. Date of Last Report 05/01/1996
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo
Suite, Apt.	#, etc.	<b>26</b> Suite, Apt. #, etc	<u> </u>	94-2672520	Not Applications \$8.75 Additions
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be
Ζip	Country	Zip	Country	This corporation has liability for	
4	25	29	30	Florida Statutes	Yes No
1.44	9. Name and Address of C	urrent Registered Agent	81 Name & a	10. Name and Address of New Re	egistered Agent
			83	Rain forest Trail	
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the	7.0502 and 607.1508, Florida S State of Florida, Such change physicism of Section 607.06	83 84 City South Statutes, the above-named corwas authorized by the corporate Facilities (1997) and th	rasota	FL 85 34240 ourpose of changing its registen
11. Pursuant office or r agent. I s SIGNATURE	to the provisions of Sections 60; egistered agont, or both, in the imfamiliar with, and procept the section of registrong the section of the sec	200	84 City Sou	rasora rporation submits this statement for the pation's board of directors. I hereby accept	
SIGNATURE	Signature, typed or priviled name of registronic OFFICERS	ed agent and the #applicable S AND DIRECTORS	B4 City Sov Platutes, the above-named cor was authorized by the corpora 5, Florida Statutes. (NOTE Registered Agent squature req.	rasora rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registent the appointment as register  DAN  DERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or perfed name of registr	ed agent and the it applicable	B4 City Sov  Relatites, the above-named corvers authorized by the corpore 5, Florida Statutes.  (NOTE Registered Agent squature req. 13. 1.1 HILE	rosoto rporation submits this statement for the patients board of directors, if hereby acceptions and the patients of the pati	ourpose of changing its register of the appointment as register DAN DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or priviled name of registronic OFFICERS	ed agent and the #applicable S AND DIRECTORS	Registered Agent squature req.  11.1 III.F.  1.2 NAME.	rosoto rporation submits this statement for the patients board of directors, if hereby acceptions and the patients of the pati	ourpose of changing its register of the appointment as register DAN DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or perfect name of registrone of P	ed agent and toe if applicable S AND DIRECTORS	Relatites, the above-named corvers authorized by the corpora 5, Florida Statutes.  (NOTE Registered Agent squature req. 13. 1.1 III.E 1.2 NAME 1.3 STREET ADDRESS 1.4 City-SI-ZiP	rosoto rporation submits this statement for the patients board of directors, if hereby acceptions and the patients of the pati	ourpose of changing its register of the appointment as register DAN DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P FREY, PAUL 14000 TOMKI ROAD REDWOOD VALLEY CA	ed agent and the #applicable S AND DIRECTORS	Registered Agent squature req.  13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE	rosoto rporation submits this statement for the patients board of directors, if hereby acceptions and the patients of the pati	ourpose of changing its register  I g
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or pertied name of registrone of PEREY, PAUL 14000 TOMKI ROAD REDWOOD VALLEY CA V FREY, JONATHAN	ed agent and toe if applicable S AND DIRECTORS	Relatutes, the above-named corwas authorized by the corpora 5, Florida Statutes.  (NOTE Registered Agent signature req.  13.  1.1 TIFE  1.2 NAME  1.3 STREET ADDRESS  1.4 City SOM  2.1 TIFE  2.2 NAME	rosoto rporation submits this statement for the patients board of directors, if hereby acceptions and the patients of the pati	ourpose of changing its register  I g
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am an officer or director of the corporation or trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.