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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P34812

(8)

rnuun	ESSIVE ASSET MANAGENK	MI, ING					
1814 FRANKLIN ST., SUITE 710 1814			Mailing Address B14 FRANKLIN ST., SUITE 710 AKLAND CA 94612-3439			T (O B)10 FO (OO 1111) OLOOL IOHOE 11960 ISO: OJEH DION TION OJEH DION 1681	
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26			. <u></u>	94-3048535	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip			,	8. This corporation has liability for in	
24	25	29		90	·		Yes No
	9. Name and Address of Curre	nt Registered Age	nt			10. Name and Address of New Rec	Jistered Agent
	CORPORATION SYSTEM			81	Name		
1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)	
PLA	INTATION FL 33324			83			
				84	City		85 Zip Code
					<u> </u>		FL D PROSE
office or agent 14	i to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	32 and 607,1508, F of Florida, Such o pations of, Section (lorida Statute: hange was au 307.0505, Flor	s, the above ithorized by ida Statute:	e-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accep	arpose of changing its registered the appointment as registered
SIGNATURE							
	Signature, typod or printed name of registered ag		(NOTE:		ent signature requ	uired when reinstating)	DATE
12.		ID DIRECTORS	DELETE	13.	TA	ADDITIONS/CHANGES TO OFFIC	
TRUE	D D	Div	DEFEIF	1.1 THILE	ينا	AAIN KALED	Change Addition
NAME	SAIKA, PEGGY			12 NAME		rank fried	
STREET ADDRESS	3126 CALIFORNIA STREET				ADDRESS		}
CITY - ST - 7IP	OAKLAND CA		DELETE	1.4 CITY-5	T-ZIP	atland CA 94618	Change Addition
TITLE	CFPD	L) herele	2.1 TITLE	7	ARL ANTHONY	Change (Adultion
NAME	LEENSON, ERIC			2,2 NAME	٠	ur carleton Street	, l
STREET ADDRESS	1			2.3 STREET	ADDRESS 112	difference of Gilder	
City-St-ZiP	BERKELEY CA		DELETE	2.4 CITY-:	ST-ZIP	erkeley CA 94702	Change Addition
TITLE	D HATCH BOILE	Ļ	J PLLLIE	3.1 TITLE			C ourside C vocation
NAME	HATCH, BRIAN 3963 GARDEN HIGHWAY			3.2 NAME	1000000		
STREET ACIDRESS	SACRAMENTO CA			3.3 STREET			
CITY-SI-7P			DELETE	3.4. CITY -	51-211		Change Addition
TITLE	CD CAME IO DETER	L.,	A PECLIF		1		C Ounting C Notition
NAME	CAMEJO, PETER			4. 2 NAME			
STREET ADDRESS	116 SHERWOOD LANE			4.3 STREET			
CHY-S1-7IP	ALAMEDA CA		DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		Change Addition
TITLE	S CARTIER, CATHERINE	L	DEFENE				Fit Alminge C'T Virgillo (
NAME ADDITION OF THE PARTY OF				5.2 NAME			
STREET ADDRESS				•	ADORESS		
CITY-ST-ZIP	LAFAYETTE CA		DELETE	5.4 CITY - 9	SI - ZIP		Change Addition
TITLE	D WAN DVCK THOMAS	Ľ	ש מנוננונ	6.1 TITLE			C CHRISTIC C MOUNTING
NAME	VAN DYCK, THOMAS			6.2 NAME	, ADDOFGS		
\$THEEL ADDRESS					ADDRESS		
City - St-Ziff	CORTE MADERA CA			6.4 CITY - 5	ST-ZIP 1		

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 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 02 1997 8:00am

Secretary of State