

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

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P37040 (3)

1. Corporation Name  
APPELLATION CORP.

Principal Place of Business

990 NO SIERRA  
RENO NV 89503  
US

Mailing Address

9700 W PICO BLVD  
LOS ANGELES CA 90035-4700  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

01/24/1996

4. FEI Number

88-0178117

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | P                         | <input type="checkbox"/> DELETE            |
| NAME           | BURCH, ROBERT D           |                                            |
| STREET ADDRESS | 2020 CENTURY PARK E #4100 |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA            |                                            |
| TITLE          | VD                        | <input type="checkbox"/> DELETE            |
| NAME           | HOOPER, RUSSELL F.        |                                            |
| STREET ADDRESS | 9700 WEST PICO BLVD.      |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA            |                                            |
| TITLE          | VD                        | <input type="checkbox"/> DELETE            |
| NAME           | CHURN, MARGARET           |                                            |
| STREET ADDRESS | 1737 MEADOWVALE WAY       |                                            |
| CITY-ST-ZIP    | SPARKS NV                 |                                            |
| TITLE          | STD                       | <input type="checkbox"/> DELETE            |
| NAME           | HOLLISON, GEORGIA         |                                            |
| STREET ADDRESS | 9700 WEST PICO BLVD.      |                                            |
| CITY-ST-ZIP    | LOS ANGELES CA            |                                            |
| TITLE          | V                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | EDINOFF, STUART           |                                            |
| STREET ADDRESS | 4701 SW 45TH ST           |                                            |
| CITY-ST-ZIP    | FT LAUDERDALE FL          |                                            |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Russell F. Hooper* **REQUIRED**  
RUSSELL F. HOOPER, Vice President

1/6/97

(310) 277-5711

Date

Daytime Phone #

CR2E034 (9/96)