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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 828070 (3)										
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Principal Place of Business Mailing Address						4	A MANINI NAMA NIBAH NDIRI EBUH MBAN ABIK NIBAH NIBAH			
,		Mailing Address				1				
4155 E LA P/ SUITE 250	ALMA AVE	4155 E LA PALMA AVE SUITE 250								
ANAHEIM CA	92807	ANAHEIM CA 92807			DO NOT WRITE IN THIS SPACE					
Ì						3.	. Date Incorporated or Qualified			
							06/01/1972			
2. Principal P	lace of Business	2a. Mailing Address				4.	. FEI Number		Ar	oplied For
21		26			_		95-2547743	\prod	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					. Certificate of Status Desired			Additional
22		27					. Certificate of Status Desired	F	ee Re	equired
City & Stat	ө	City & State				6	. Election Campaign Financing	\$!	5.00	May Be
23		28	T			 _	Trust Fund Contribution	A	dded	to Fees
Zip	Country	Zip	Count	Ty		8.	. This corporation owes or has paid the curi			
24	25	29	30					Yes		No
	9. Name and Address of Current			ī	Name	10	Name and Address of New Registered	gent		
	ENTICE-HALL CORPORATION SY	STEM, INC.	ľ	"	IName					
110 NORTH MAGNOLIA STREET			8	2	Street Addre	ess (l	P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301			8	-						
			l°	٦						
1			8	4	City			85	Zip	Code
7.	- 1 C - C - C - C - C - C - C - C - C -	CONTROL FIRM TO THE CONTROL TO THE C		Ц.			<u>FL</u>	ليل		
office or r	egistered agent, or both, in the State i	r and 607.1508, Florida Statut of Florida. Such change was a	es, the abo authorized l	by:	the corporati	oratic on's l	on submits this statement for the purpose of board of directors, I hereby accept the appr	onang pintme	ging it ent as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statut	es.			,			
SIGNATURE										
12.	Signature, typed or printed name of registered age: OFFICERS AND		13.	(Jen	nt signature require		n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOE	Q (N) 12
TITLE	PO	DELETE	1.1 TITLE				ABBITTOTOTOTIANGED TO OFF TOETHO AND			Addition
NAME	TALLICHET, DAVID C JR	<u></u>	1.2 NAM		ĺ					
STREET ADDRESS	4155 E LA PALMA AVE #250				ADDRESS					
CITY-ST-ZIP	ANAHEIM CA		1.4 City							
TITLE	VD	DELETE	2.1 TITLE		- 217			□ Cr	nange	Addition
(· ·	TALLICHET, CECILIA	C OFFER						٠٠ بـــــ	ungo	III Nation
NAME PERFECT ADDRESS	4155 E LA PALMA AVE #250		2.2 NAMI		LDDDECC					
STREET ADDRESS	ANAHEIM CA		2.3 STRE							
CITY-ST-ZIP	AS	DELETE	2. 4 CITY		- ZIP			10	22000	Addition
TITLE	MCMAHON, JUDITH	[] DELETE	3.1 TITLE					L Cr	wille	☐ Addition
NAME	4155 E LA PALMA AVE #250		3.2 NAMI							
STREET ADDRESS	ANAHEIM CA				ADDRESS					I
CITY-ST-ZIP		- Delete	3 4. CITY		-7IP					
TITLE	TALLICHET CECHIA	☐ DELETE	4.1 TITLE					L Ch	ange	Addition
NAME	TALLICHET, CECILIA		4. 2 NAM		1					
STREET ADDRESS	4155 E LA PALMA AVE #250		4.3 STRE	ET A	IDDRESS					
CITY-ST-ZIP	ANAHEIM CA		4.4 CITY	- \$1-	- ZIP					
TITLE	AT	DELETE	5.1 TITLE		1			Ch	ange	Addition
NAME	ROYSE, BOB D.		5.2 NAME	Ē						
STREET ADDRESS	4155 E LA PALMA AVE #250		5.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	ANAHEIM CA		5.4 CITY	-st-	- ZiP			_		
TITLE		DELETE	6.1 TITLE					Ch	ange	Addition
NAME			6.2 NAMI	E	ľ					

14. I 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 supplication of 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 X PRILIA ON DO

CECILIA TALLICATET 714-579-3900

FILED

Mar 20 1998 8:00am

Secretary of State

RZE034 (10/97)