

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:12

DOCUMENT # **386627** (4)  
1. Corporation Name  
**1500 WEST CHURCH STREET CORPORATION**

Principal Place of Business	Mailing Address
% PASQUALE P. CAIAZZA 2107 NORTH BROADWAY, SUITE 106 SANTA ANA CA 92706	% PASQUALE P. CAIAZZA 2107 NORTH BROADWAY, SUITE 106 SANTA ANA CA 92706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/10/1971</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>59-1974290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>606 East Chapman Ave.</b>	26 <b>Post Office Box 458</b>
Suite, Apt. #, etc. 22 <b>Suite 201</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Orange, California</b>	City & State 28 <b>Orange, California</b>
Zip 24 <b>92666-1601</b>	Country 25 <b>USA</b>
Zip 29 <b>92666-0458</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIAZZA, PASQUALE P., JR	12 NAME	
STREET ADDRESS	2107 NORTH BROADWAY #106	13 STREET ADDRESS	606 East Chapman Avenue, Suite 201
CITY - ST - ZIP	SANTA ANA CA	14 CITY - ST - ZIP	Orange, California 92666-1601
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, SUSAN C.	22 NAME	
STREET ADDRESS	6 LUDWING STREET	23 STREET ADDRESS	
CITY - ST - ZIP	STATEN ISLAND NY	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERIN, MARY M.	32 NAME	
STREET ADDRESS	% 2107 N BROADWAY #106	33 STREET ADDRESS	606 East Chapman Avenue, Suite 201
CITY - ST - ZIP	SANTA ANA CA	34 CITY - ST - ZIP	Orange, California 92666-1601
TITLE	SD	41 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, JAMES J.(AST S)	42 NAME	KENNY, JAMES J., Jr.
STREET ADDRESS	21721 RUSHFORD	43 STREET ADDRESS	4 Coachman
CITY - ST - ZIP	EL TORO CA	44 CITY - ST - ZIP	Dove Canyon, California 92679
TITLE	T	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARACCI, J.K.	52 NAME	NONE
STREET ADDRESS	5411 SARATOGA	53 STREET ADDRESS	
CITY - ST - ZIP	YORBA LINDA CA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(g), Florida Statutes. I further certify that the information indicated on this annual report or optional 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 a 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: *Pasquale P. Caiazza* January 23, 1995 (714) 997-7007  
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR OF CORPORATION: PASQUALE P. CAIAZZA