

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **386627** (4)

1. Corporation Name
1500 WEST CHURCH STREET CORPORATION



Principal Place of Business: **606 EAST CHAPMAN AVE. SUITE 201 ORANGE CA 92666-1601 US**
Mailing Address: **POST OFFICE BOX 458 ORANGE CA 92666-0458 US**

3. Date Incorporated or Qualified: **08/10/1971**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-1974290**
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

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

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO	CAIAZZA, PASQUALE P., JR	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	606 EAST CHAPMAN AVENUE SUITE 201	1.2 NAME: _____	
STREET ADDRESS: _____	ORANGE CA	1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		1.4 CITY-ST-ZIP: _____	
TITLE: SD	TODD, SUSAN C.	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	6 LUDWING STREET	2.2 NAME: _____	
STREET ADDRESS: _____	STATEN ISLAND NY	2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		2.4 CITY-ST-ZIP: _____	
TITLE: D	GUERIN, MARY M.	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	606 EAST CHAPMAN AVENUE, SUITE 201	3.2 NAME: _____	
STREET ADDRESS: _____	ORANGE CA	3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: _____	
TITLE: T	KEYY, JAMES J. J	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	4 COACHMAN	4.2 NAME: _____	
STREET ADDRESS: _____	DOVE CANYON CA	4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____		5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____		6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6.4 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 119.07(3)(k), 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 a member, trustee, or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Pasquale P. Caiazza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PASQUALE P. CAIAZZA

(714)
June 6, 1996 997-7007

CR2E034 (12/95)