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**Feb 21 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 # 386627 (4)**  
1. Corporation Name  
**1500 WEST CHURCH STREET CORPORATION**



Principal Place of Business: **606 E. CHAPMAN AVE. 201 ORANGE CA 92668-1801 US**  
Mailing Address: **P.O. BOX 458 ORANGE CA 92856-6458 US**

3. Date Incorporated or Qualified: **08/10/1971**  
3a. Date of Last Report: **06/11/1996**  
4. FEI Number: **59-1974290**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and 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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	CAIAZZA, PASQUALE P., JR	1.1 TITLE	
NAME: CAIAZZA, PASQUALE P., JR	606 EAST CHAPMAN AVENUE SUITE 201	1.2 NAME	
STREET ADDRESS: 606 EAST CHAPMAN AVENUE SUITE 201	ORANGE CA	1.3 STREET ADDRESS	
CITY-ST-ZIP: ORANGE CA		1.4 CITY-ST-ZIP	
TITLE: SD	TODD, SUSAN C.	2.1 TITLE	
NAME: TODD, SUSAN C.	6 LUDWING STREET	2.2 NAME	
STREET ADDRESS: 6 LUDWING STREET	STATEN ISLAND NY	2.3 STREET ADDRESS	
CITY-ST-ZIP: STATEN ISLAND NY		2.4 CITY-ST-ZIP	
TITLE: D	GUERIN, MARY M.	3.1 TITLE	
NAME: GUERIN, MARY M.	606 EAST CHAPMAN AVENUE, SUITE 201	3.2 NAME	
STREET ADDRESS: 606 EAST CHAPMAN AVENUE, SUITE 201	ORANGE CA	3.3 STREET ADDRESS	
CITY-ST-ZIP: ORANGE CA		3.4 CITY-ST-ZIP	
TITLE: T	KEYY, JAMES J. J	4.1 TITLE	
NAME: KEYY, JAMES J. J	4 COACHMAN	4.2 NAME	
STREET ADDRESS: 4 COACHMAN	DOVE CANYON CA	4.3 STREET ADDRESS	
CITY-ST-ZIP: DOVE CANYON CA		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
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 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: *Pasquale P. Caiazza* (714) 997-2007  
01-29-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)