

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 426783 (7)  
1. Corporation Name  
F.L.C. VENICE SOUTH, INC.



Principal Place of Business 4350 LJ VILLAGE DR SUITE 400- C/O TAX SAN DIEGO CA 92122-1233 US	Mailing Address 4350 L J VILLAGE DRIVE SUITE 400 C/O TAX SAN DIEGO CA 92122-1233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1973	
21		26		4. FEI Number 59-1513526	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLD, CASEY	1.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DR #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS L. HAGEMAN	2.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DR #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIER, CRAIG A	3.2 NAME	Don S. Kovacic
STREET ADDRESS	4350 L J VILLAGE DR #400	3.3 STREET ADDRESS	c/o Tax 4350 La Jolla Village Dr. # 400
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	San Diego, California 92122-1233
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPP, DAVID W.	4.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE #400	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, JAMES	5.2 NAME	
STREET ADDRESS	4350 LA JOLLA VILLAGE DR., STE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEETS, RICHARD	6.2 NAME	Wendy M. Godoy
STREET ADDRESS	4350 L J VILLAGE DR #400	6.3 STREET ADDRESS	c/o Tax 4350 La Jolla Village Dr. # 400
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	San Diego, California 92122-1233

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 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 2 or Block 13 if changed, or on an attachment with an address.

Don S. Kovacic, Vice President

05/01/98

(619) 546-1001

CR2E034 (10/97)