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FILED

May 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 # 659581 (3)
1. Corporation Name

SOUTHERN ESCROW COMPANY

Principal Place of Business: 600 ANTON BLVD.
COSTA MESA, CA 92626
Mailing Address: P.O. BOX 5011
COSTA MESA, CA 92628-5011

3. Date incorporated or Qualified 03/03/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 95-3483967	Applied For 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITE, GARY L	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, HERBERT F	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHIMBOR, MARK A	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MARKS, JOHN H	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SOARES, L B	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HITZEL, THOMAS G	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA, CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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:

T. G. HITZEL

5-12-97 (714) 435-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)