## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 706434**

Country

9. Name and Address of Current Registered Agent

25

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Principal Place of Business	Mailing Address
702 SOUTH WASHBURN AVENUE	702 SOUTH WASHBURN AVENUE
CORONA CA 91720	CORONA CA 91720

26

27

28

29

Zip

Suite, Apt. #, etc.

City & State

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed 11/15/1963

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

59-0657867

Signature, Typind or printed rame of Implicators and and the if applicable.   NOTE: Registered Agent injusture required when reinstating)	· · · · · ·			81	Name				1	
12.00 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    83	C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324    83					- Constitution of the cons					
Sea									Ì	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes.  SIGNATURE    Signature, Speak or printed name of registered aperi and title if applicable.   PNOTE Registered Agent signature required when retentating)   DATE				RA.	City.			85 Zip C	ode	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0903, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIME  S								<b>.</b>		
Signature, bipsid or printed rame of implicators appert and title if applications. (NOTI: Registered Appert signature required when reinstating)  TITLE  S OFFICERS AND DIRECTORS  ITILE  S ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  S HANSON, CALVIN  S386 PEACOCK LANE  TITLE  PVD DELETE  1.1 TITLE  1.2 WAME  1.3 STREET ADDRESS  STREET ADDRESS  TITLE  PVD COY, ROBERT E. J.D.  1916 DANA DRIVE  STREET ADDRESS  TITLE  VD DELETE  STREET ADDRESS  STREET ADD	office or re	egistered agent, or both, in the State of Florida. St	ich change was auth	orized by	the corpo	corporation submits this statement for oration's board of directors. I hereby ac	the purpose of ccept the appo	changing its r intment as reg	egistered istered	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE						DATE			
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1916 DANA DRIVE   23 STREET ADDRESS   CITY-ST-ZIP   ADELPH IMD 20783		, ·				P		**		
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CITY-ST-ZIP   HIVERSIDE UA 92305	STREET ADDRESS	* *** * = *** = ***								
	CITY-ST-ZIP	RIVERSIDE CA 92505	loop not qualify for th		-	t in Section 119 07(3)(i) Floride Statut	es I further ce	rtify that the in	formation	

Country

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

RE ECQUIRER bert E. Coy, President

909-736-6909

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable