

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816486 (5)
1. Corporation Name
PROJECT CONCERN INCORPORATED



Principal Place of Business 3550 AFTON ROAD SAN DIEGO CA 92123	Mailing Address 3550 AFTON ROAD SAN DIEGO CA 92123 US
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3. Date Incorporated or Qualified 11/06/1962	4. FEI Number 95-2248462	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

9. Name and Address of Current Registered Agent
**BLACKBURN, A.B. JR.
3030 INDEPENDENT LIFE BLDG.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	BARNARD, KATHY
STREET ADDRESS	2481 E WYNTERBROOK DRIVE
CITY-ST-ZIP	HIGHLANDS RANCH CO
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ETTINGER, JUDITH
STREET ADDRESS	2074 DENBY DRIVE
CITY-ST-ZIP	WATERFORD MI
TITLE	<input type="checkbox"/> DELETE
NAME	ED SHAUGHNESSY, DANIEL E
STREET ADDRESS	4215 STEPHENS STREET
CITY-ST-ZIP	SAN DIEGO CA
TITLE	<input type="checkbox"/> DELETE
NAME	S SMART, NINA
STREET ADDRESS	2004 OLIVER AVE
CITY-ST-ZIP	SAN DIEGO CA
TITLE	<input type="checkbox"/> DELETE
NAME	CALDERON, ANDRES
STREET ADDRESS	3822 SHERMAN STREET
CITY-ST-ZIP	SAN DIEGO CA
TITLE	<input type="checkbox"/> DELETE
NAME	T COLLINS, JOHN
STREET ADDRESS	1314 VISTA DEL MONTE DRIVE
CITY-ST-ZIP	EL CAJON CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAWRENCE A. WEITZEN
2.3 STREET ADDRESS	1620 FIFTH AVE, FIFTH FLOOR
2.4 CITY-ST-ZIP	SAN DIEGO, CA 92101
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	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE *[Signature]* **Daniel E. Shaughnessy** 1/15/98 (619) 370-0600

CR2E037 (10/97)