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APPROVED AND FILED

95 MAY -1 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morraim
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835611 (5)

1. Corporation Name
STORMS & LOWE ASSOCIATES

Principal Place of Business: **606 WILSHIRE BLVD., SUITE #204 SANTA MONICA CA 90401**

Mailing Address: **606 WILSHIRE BLVD., SUITE #204 SANTA MONICA CA 90401**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1975	3a. Date of Last Report 04/20/1994
21	22. Suite, Apt. #, etc.		26	4. FEI Number 95-2950237	Applied For Not Applicable
23	23. City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	24. Zip	25. Country	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 PT	NAME CHEN, STONE S.	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 WILSHIRE BLVD #204	CITY - ST - ZIP SANTA MONICA CA	1.2 NAME CHEN, STONE S.	
		1.3 STREET ADDRESS 606 WILSHIRE BLVD. #201	
		1.4 CITY - ST - ZIP SANTA MONICA, CA 90401	
TITLE VSC	NAME MANNING, JAMES R.	2.1 TITLE PRESIDENT & CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 WILSHIRE BLVD #204	CITY - ST - ZIP SANTA MONICA CA	2.2 NAME MANNING, JAMES R.	
		2.3 STREET ADDRESS 606 WILSHIRE BL. #204	
		2.4 CITY - ST - ZIP SANTA MONICA, CA 90401	
TITLE VP	NAME AGUILERA, ROGELIO	3.1 TITLE SECRETARY & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 606 WILSHIRE BLVD., #204	CITY - ST - ZIP SANTA MONICA GA	3.2 NAME AGUILERA, ROGELIO	
		3.3 STREET ADDRESS 606 WILSHIRE BL. #204	
		3.4 CITY - ST - ZIP SANTA MONICA, CA 90401	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address.

SIGNATURE:  **JAMES R. MANNING** 4-26-95 310-393-3724