

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

FILED

Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **839196** (3)
1. Corporation Name
TITAN/VALUE EQUITIES GROUP, INC.



Principal Place of Business
**17852 17TH ST. SUITE 102
TUSTIN CA 92680**

Mailing Address
**17852 17TH ST. SUITE 102
TUSTIN CA 92780-2142**

2. Principal Place of Business 21 8001 Irvine Center Dr Suite, Apt. #, etc. 22 Suite 710 City & State 23 Irvine Zip 24 92618		2a. Mailing Address 26 8001 Irvine Center Dr. Suite, Apt. #, etc. 27 Suite 710 City & State 28 Irvine Zip 29 92618		3. Date Incorporated or Qualified 09/28/1977		3a. Date of Last Report 02/08/1996	
Country OR		Country OR		4. FEI Number 95-2847425		Applied For Not Applicable	
				5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D-	☒ DELETE	1.1 TITLE	D	☐ Change	☒ Addition	
NAME	ANDERSON, PHILIP D-		1.2 NAME	MORRISON, FRED L.			
STREET ADDRESS	2930 SHADY FORREST LANE		1.3 STREET ADDRESS	25407 Marklam Lane			
CITY, ST, ZIP	ORANGE, CA 00000		1.4 CITY, ST, ZIP	Salina, CA 93908			
TITLE	ST	☐ DELETE	2.1 TITLE	S/D/V	☒ Change	☐ Addition	
NAME	PAULSEN, DAROL K		2.2 NAME				
STREET ADDRESS	6628 E HILLSIDE DR		2.3 STREET ADDRESS	6224 E. Cliffway Dr.			
CITY, ST, ZIP	ORANGE CA		2.4 CITY, ST, ZIP	Orange, CA 92869			
TITLE	OP	☐ DELETE	3.1 TITLE	C / D	☒ Change	☐ Addition	
NAME	KING, FRANK L		3.2 NAME				
STREET ADDRESS	11412 GERSHON PLACE		3.3 STREET ADDRESS				
CITY, ST, ZIP	SANTA ANA, CA 00000		3.4 CITY, ST, ZIP				
TITLE	VP	☒ DELETE	4.1 TITLE	P/	☐ Change	☒ Addition	
NAME	FITZPATRICK, GREGORY D.		4.2 NAME	MCGINNIS, STEVEN K.			
STREET ADDRESS	11256 PENANOWA STREET		4.3 STREET ADDRESS	One Nidden			
CITY, ST, ZIP	SAN DIEGO CA		4.4 CITY, ST, ZIP	Irvine, CA 92612			
TITLE	OP	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	KING, MICHAEL		5.2 NAME				
STREET ADDRESS	5201 VILLAGE GREEN		5.3 STREET ADDRESS				
CITY, ST, ZIP	LOS ANGELES CA		5.4 CITY, ST, ZIP				
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change	☒ Addition	
NAME			6.2 NAME	EDWARDS, DON K.			
STREET ADDRESS			6.3 STREET ADDRESS	2030 E. Santa Clara B-4			
CITY, ST, ZIP			6.4 CITY, ST, ZIP	Santa Ana, CA 92701			

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: DAROL K. PAULSEN 3-17-97 Executive VP/ DIR 714 453-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)