

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

FILED

Apr 08 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 # 851800 (3)
1. Corporation Name
CALIFORNIA FLORIDA CORPORATION



Principal Place of Business
330 ISLAND ROAD
PALM BEACH FL 33480

Mailing Address
330 ISLAND ROAD
PALM BEACH FL 33480-4751

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1982		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 52-0793121		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

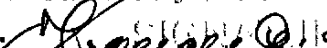
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUFTY, PAGE 330 ISLAND ROAD PALM BEACH FL 33480				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	HUFTY, PAGE			1.2 NAME			
STREET ADDRESS	330 ISLAND RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	AST	☐ DELETE		2.1 TITLE			
NAME	LEIDY, FRANCES HUFTY			2.2 NAME			
STREET ADDRESS	105/133, 700 W. DOWNINGTOWN PIKE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19380			2.4 CITY-ST-ZIP			
TITLE	STV	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	HUFTY, FRANCES ARCHBOLD			3.2 NAME			
STREET ADDRESS	330 ISLAND RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			3.4 CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE	AST	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	HUFTY, PAGE LEE			4.2 NAME			
STREET ADDRESS	340 ISLAND RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			4.4 CITY-ST-ZIP			
TITLE	AST	☐ DELETE		5.1 TITLE	☒ Change ☐ Addition		
NAME	HUFTY, JOHN A.			5.2 NAME			
STREET ADDRESS	10310 S.W. STATE ROAD 45			5.3 STREET ADDRESS			
CITY-ST-ZIP	ARCHER FL 32618			5.4 CITY-ST-ZIP			
TITLE	ATS	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	HUFTY, MARY PAGE, M.D.			6.2 NAME			
STREET ADDRESS	257 MAPACHE DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PORTOLA VALLEY CA 94028			6.4 CITY-ST-ZIP			

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:  VICE-PRESIDENT

(561) 655-6260

CR2E034 (9/96)