

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1982	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 52-0793121	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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	
				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 HUFTY, PAGE 330 ISLAND ROAD PALM BEACH FL 33480		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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	AST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, JOHN A.	5.2 NAME	
STREET ADDRESS	1152 LAKE CLARKE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ATS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFTY, MARY PAGE	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 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: *Frances A. Hufty* Frances A. Hufty Vice President 4/22/98 (561) 655-6760

CR2E034 (10/97)