

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

FILED
Apr 28 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 # **854276** (3)
1. Corporation Name
FORSEON CORPORATION



Principal Place of Business 6800 JURUPA AVENUE RIVERSIDE CA 92504-1041	Mailing Address 6800 JURUPA AVENUE RIVERSIDE CA 92504-1041
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-3623992		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		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	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country	9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE 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	
		85 Zip Code		FL	

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	CPE	1.1 TITLE	DIRECTOR
NAME	PAUL, DANNY D.	1.2 NAME	LOUIS DELMONICO
STREET ADDRESS	6800 JURUPA AVE.	1.3 STREET ADDRESS	6600 JURUPA AVE.
CITY-ST-ZIP	RIVERSIDE CA	1.4 CITY-ST-ZIP	RIVERSIDE, CA. 92504
TITLE	TVS	2.1 TITLE	
NAME	MERRILL, ALLEN E.	2.2 NAME	
STREET ADDRESS	6800 JURUPA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DIVER, NEIL	3.2 NAME	
STREET ADDRESS	6800 JURUPA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAGNIN, JERRY	4.2 NAME	
STREET ADDRESS	6800 JURUPA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SMITH, H JOE	5.2 NAME	
STREET ADDRESS	6800 JURUPA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	DOWNARD, DAVID M.	6.2 NAME	
STREET ADDRESS	6800 JURUPA AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	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 _____

CR2E034 (10/97)