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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **857455** **(0)**

1. Corporation Name

FINANCIAL NETWORK INVESTMENT CORPORATION

Principal Place of Business

2780 SKYPARK DRIVE #300
TORRENCE CA 90505

Mailing Address

2780 SKYPARK DRIVE #300
TORRENCE CA 90505

3. Date Incorporated or Qualified: **08/18/1983**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **95-3845382** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1503, 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 of new registered agent if changing) (Signature of Registered Agent if not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
1 NAME	GORDON, MILES Z.		1.2 NAME		
1 STREET ADDRESS	2780 SKYPARK DR #300		1.3 STREET ADDRESS		
1 CITY-ST-ZIP	TORRANCE CA		1.4 CITY-ST-ZIP		
2 TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	SIMMERS, JOHN S.		2.2 NAME		
2 STREET ADDRESS	2780 SKYPARK DR #300		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	TORRANCE CA		2.4 CITY-ST-ZIP		
3 TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
3 NAME	SIMMERS, JOHN S.		3.2 NAME		
3 STREET ADDRESS	2780 SKYPARK DR #300		3.3 STREET ADDRESS		
3 CITY-ST-ZIP	TORRANCE CA		3.4 CITY-ST-ZIP		
4 TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME	KITTER, HARRY		4.2 NAME		
4 STREET ADDRESS	2780 SKYPARK DR #300		4.3 STREET ADDRESS		
4 CITY-ST-ZIP	TORRANCE CA		4.4 CITY-ST-ZIP		
5 TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME	HUNT, EDWARD R JR		5.2 NAME		
5 STREET ADDRESS	3447 ATLANTIC #110		5.3 STREET ADDRESS		
5 CITY-ST-ZIP	LONG BEACH CA		5.4 CITY-ST-ZIP		
6 TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME	CARTWRIGHT, JOHN D.		6.2 NAME		
6 STREET ADDRESS	1025 W 190TH #120		6.3 STREET ADDRESS		
6 CITY-ST-ZIP	GARDENA CA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] 1-29-96 310-326-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #