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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003536 (0)

PACIFIC ENTERPRISES ABC CORPORATION

Principal Place of Business Mailing Address

FILED Jan 22 1997 8:00am Secretary of State



833 W. FIFTH ST., SUITE 5400 LOS ANGELES CA 90071-2006		633 W. FIFTH ST., SUITE 5400 LOS ANGELES CA 90071-2014								
						3. Date Incorporated or Qualified 08/03/1993	3a. Date 09/23		Report	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26				95-4390494 Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution	\$5,00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	}			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcap \text{Yes}\) No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				ent		
CT (CORPORATION SYSTEM			81	Name					
1200 SO. PINE ISLAND ROAD				82	82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324				Direct Address (F.O. Dox Number is Not Addeptable			,		İ	
				83						
				84	City		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the ab		-named cor	poration submits this statement for the p		anging	its registered	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
SIGNATURE	Signature, typed or printed name of regulared ag-	ent and the if applicable (NOI	E Registered	1 Age	nt signature requ	uired when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12	
THILE	D	☐ DELETE	1.1 TIT	LE] Change	Addition	
NAME	FARMAN, RICHARD D		1.2 NA	1.2 NAME]:	
STREET ADDRESS	633 W 5TH ST			13 STREET ADDRESS					li li	
CITY-S1-ZiP				1.4 CITY - ST - ZIP				<u> </u>		
TITLE			21 T)T	21 TITLE			Ĺ.	Change	Addition	
NAME	WOOD, WILLIS B		2 2 NA	22 NAME						
STREET ADDRESS	633 W. FIFTH ST., SUITE 5400			reet	ADDRESS					
CITY - ST - ZIP	LOS ANGELES CA 90071			2. 4 CITY - ST - ZIP						
THTLE	V DELETE 3.			3.1 TITLE] Change	Addition	
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS	633 W 5TH ST		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA 90071			3.4. CITY - ST - ZIP				T		
1÷TL€	S	☐ DELETE	4.1 10	LE			L.	Change	L. Addition	
NAME	LIDDELL, DONALD C	_	4. 2 N/						.	
STREET AODRESS	633 W. FIFTH ST., SUITE 540		4.3 ST	REET	ADDRESS					
CITY - S1 - ZIP	LOS ANGELES CA 90071-200		4.4 00	···	T-ZIP			1		
THUE	T	☐ DELETE	5 1 TIT				Ŀ	Change		
NAME (YOSHIMASU, GARY Y		5 2 NA		1				ļ	
STREET ADDRESS	633 W. FIFTH ST., SUITE 540	U			ADDRESS					
CITY - ST - ZIP	LOS ANGELES CA 90071	DELETE	5.4 Cil		T-ZIP			Channe	Addistre	
TITLE	VD	רייז הנקנוני ביים הנקנוני	6.1 101				L-	Change	Addition	
NAME	CLAUDE, HARVEY	•	6.2 NA						ļ	
STREET ADDRESS	633 W. FIFTH ST., SUITE 540		- 6		ADDRESS				}	
CITY-S1-ZIP	LOS ANGELES CA 90071-200	6	6.4 CI	IV-S	T-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

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