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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004069 (1)

1. Corporation Name
TV R INC.

Principal Place of Business
2301 S.E. 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316

Mailing Address
5725 PARADISE DR
STE 450
CORTE MADERA CA 94925-1226
US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
04/20/1996

4. FEI Number
94-2723310

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

10. Name and Address of New Registered Agent

HODGES, MICHAEL A
2301 SE 17TH ST CAUSEWAY
FT LAUDERDALE FL 33316

81 Name

CT Corporation

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation,

FL

85 Zip Code
33324

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 resigning)

DATE

NASEEM A. CONDE

4.18.97

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME FREEMAN, ROBERT A
STREET ADDRESS 5725 PARADISE DRIVE, SUITE 450
CITY- ST- ZIP CORTE MADERA CA 94925

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
000002148850--7
-04/21/97--01076--001
****165.00 ****165.00

TITLE VD
NAME AMINIFARD, MOHSEN
STREET ADDRESS 5725 PARADISE DRIVE, SUITE 450
CITY- ST- ZIP CORTE MADERA CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
mwB

TITLE VD
NAME BENSON, JAMES H
STREET ADDRESS 5725 PARADISE DRIVE, SUITE 450
CITY- ST- ZIP CORTE MADERA CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE DS
NAME MULHOLLAND, ROGER R
STREET ADDRESS 1120 NYE STREET, SUITE 300
CITY- ST- ZIP SAN RAFAEL CA 94901

4.1 TITLE
4.2 NAME David Wendell
4.3 STREET ADDRESS AHR, Inc.
4.4 CITY- ST- ZIP 1250 Trinity Dr., Menlo Park, CA 94025

TITLE VT
NAME DAVIS, RONALD B
STREET ADDRESS 5725 PARADISE DRIVE, SUITE 450
CITY- ST- ZIP CORTE MADERA CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE V
NAME BURNS, JOHN S
STREET ADDRESS 5725 PARADISE DR SUITE 450
CITY- ST- ZIP CORTE MADERA CA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.27.97

(415) 924-6600

0506037

CR2E034 (9/96)