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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004427 (1)

1. Corporation Name

NATIONAL FACILITIES CORP.

Principal Place of Business

C/O ANDREW L. BREECH, DEALER OPERATING CON
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA CA 90403

Mailing Address

C/O ANDREW L. BREECH, DEALER OPERATING CON
2120 WILSHIRE BLVD., SUITE 400
SANTA MONICA CA 90403-5736



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A
4100 BARNETT PLAZA
TAMPA FL 33602

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

04/26/1996

4. FEI Number

95-1990905

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

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

TITLE PD ☐ DELETE

NAME BREECH, E. ROBERT JR.
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY - ST - ZIP SANTA MONICA CA

TITLE VSD ☐ DELETE

NAME BREECH, ANDREW L
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY - ST - ZIP SANTA MONICA CA

TITLE TD ☐ DELETE

NAME WOODS, BRIAN R
STREET ADDRESS 2120 WILSHIRE BLVD., SUITE 400
CITY - ST - ZIP SANTA MONICA CA

TITLE VD ☐ DELETE

NAME HAENSLI, RICHARD A
STREET ADDRESS 16191 FROST ROAD
CITY - ST - ZIP CALDWELL ID

TITLE ASD ☐ DELETE

NAME ARGUE, JOHN C ESQ.
STREET ADDRESS 801 S. FLOWER STREET
CITY - ST - ZIP LOS ANGELES CA 90017

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *Brian R. Woods* Brian R. Woods, Treas. 1-27-97 310-828-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)