

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

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**SCHLOSSER, RICHARD A  
4100 BARNETT PLAZA  
TAMPA FL 33602**

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BREECH, E. ROBERT JR.	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA	<input type="checkbox"/>
VSD	BREECH, ANDREW L	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA	<input type="checkbox"/>
TD	WOODS, BRIAN R	2120 WILSHIRE BLVD., SUITE 400	SANTA MONICA CA	<input type="checkbox"/>
VD	HAENSU, RICHARD A	16191 FROST ROAD	CALDWELL ID	<input type="checkbox"/>
ASD	ARGUE, JOHN C ESQ.	801 S. FLOWER STREET	LOS ANGELES CA 90017	<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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:

*Brian R. Woods*

Brian R. Woods, Treasurer

2/19/98

(310)222-1512

CR2E034 (10/97)