FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000004479 (2)**

1. Corporation Name

CPC CORPORATE PLANNERS & COORDINATORS, INC.

Principal Place of Business	Mailing Address
814 SOUTH WESTGATE AVENUE LOS ANGELES CA 90049	814 SOUTH WESTGATE AVENUE LOS ANGELES CA 90049

3. Date Incorporated or Qualified: **10/05/1993**
3a. Date of Last Report: **10/23/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.: **429 SANTA MONICA BOULEVARD**
22 City & State: **SUITE #640**
23 Zip / Country: **SANTA MONICA, CALIFORNIA**
24 Zip: **90401** 25 Country: **U.S.A.**

2a. Mailing Address
26 Suite, Apt. #, etc.: **429 SANTA MONICA BLVD.**
27 City & State: **SUITE 640**
28 Zip / Country: **SANTA MONICA, CALIFORNIA**
29 Zip: **90401** 30 Country: **U.S.A.**

4. FEI Number: **95-4410440** ☐ 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

C T CORPORATE SYSTEM
1200 SOUTH 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 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST COSTA, NICHOLAS 814 SOUTH WESTGATE AVENUE LOS ANGELES CA 90049	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 429 SANTA MONICA BOULEVARD, SUITE 640 SANTA MONICA, CA 90401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD COSTA, NICHOLAS 814 SOUTH WESTGATE AVENUE LOS ANGELES CA 90049	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 429 SANTA MONICA BOULEVARD, SUITE 640 SANTA MONICA, CA 90401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEIN, MICHAEL M 18425 BURBANK BLVD., SUITE 708 TARZANA CA 91356-2801	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAISER, KENNETH 814 SOUTH WESTGATE AVE. LOS ANGELES CA 90049	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 429 SANTA MONICA BOULEVARD, SUITE 640 SANTA MONICA, CA 90401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001872682 -06/24/96--01023--047 ***25.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001872683 -06/24/96--01023--048 ***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, furnished and 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 added by an attached amendment, or on an attachment with an address.

SIGNATURE: **NICHOLAS COSTA** 5-7-96 310-656-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CS 6/23/96