FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:51

DOCUMENT # **F94000001588 (2)**

1. Corporation Name
TR BRELL SILVER HILLS CORP.

Principal Place of Business	Mailing Address
4343 VON KARMAN AVE. NEWPORT BEACH CA 92660	4343 VON KARMAN AVE. NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
(24) (25) (29) (30)

4. FEI Number: APPLIED FOR 33-0612562 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WIRTA, RAY	12 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	13 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	SCHREIBER, CHARLES JR.	22 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	23 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BREN, PETER	32 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	33 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ZAK, DAVID J	42 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	43 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ROTHE, WILLIAM	52 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	53 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SCHREIBER, CHARLES JR.	62 NAME	
STREET ADDRESS	4343 VON KARMAN AVE.	63 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH CA 92660	64 CITY ST ZIP	

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily 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 on an attachment with an address.

SIGNATURE: CHARLES J. SCHREIBER, JR. 4/27/95 714/833-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402319 FP