

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 # F94000001826 (6)

1. Corporation Name

PMREALTY ADVISORS, INC.



Principal Place of Business

Mailing Address

SUITE 300
800 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

700 NEWPORT CENTER DRIVE
ATTN: CORPORATE TAX
NEWPORT BEACH CA 92660
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

33-0045226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME AUDREY L. MILFS
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY- ST- ZIP NEWPORT BEACH CA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME SUTTON, THOMAS C
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY- ST- ZIP NEWPORT BEACH CA 92660

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE PD ☐ DELETE
NAME GLENN S. SCHAFER
STREET ADDRESS 700 NEWPORT CENTER DRIVE
CITY- ST- ZIP NEWPORT BEACH CA

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

TITLE MDD ☐ DELETE
NAME MCWALTERS, JAMES G
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY- ST- ZIP NEWPORT BEACH CA 92660

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE MDD ☐ DELETE
NAME NEILL, MICHAEL R
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY- ST- ZIP NEWPORT BEACH CA 92660

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

TITLE MDD ☐ DELETE
NAME SULLIVAN, LAWRENCE K
STREET ADDRESS 800 NEWPORT CENTER DRIVE, SUITE 300
CITY- ST- ZIP NEWPORT BEACH CA 92660

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/17/96

Date

Daytime Phone #

CR2E034 (12/95)