

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

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1998 MAR -9 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001979 (3)**  
1. Corporation Name  
**ORNDA OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>3820 STATE STREET SANTA BARBARA CA 93105</b>	Mailing Address <b>% MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
Country	Country

<b>3.</b> Date Incorporated or Qualified <b>04/18/1994</b>	
<b>4.</b> FEI Number <b>65-0482175</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b> <b>300002452663-1</b> <b>-03/10/98--01068--018</b> <b>****150.00</b> <b>****150.00</b>
	<b>84</b> City <b>FL</b> <b>85</b> Zip Code

<b>10. Name and Address of New Registered Agent</b>
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**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	<b>6</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOCHT, MICHAEL H SR.</b>	1.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SCOTT M</b>	2.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FETTER, TREVOR</b>	3.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLEN, TERENCE P</b>	4.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUNDGREN, ALAN</b>	5.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*(This section contains the continuation of the table above, including the signature of Alan Lundgren and the date 2/24/98.)*

**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: *Alan Lundgren* **Alan Lundgren** **2/24/98** **805/563-7075**

CR2E034 (10/97)