

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003205 (1)**

1. Corporation Name
E.W.R. RESOURCES, INC.



Principal Place of Business: **2649 TOWNSGATE ROAD, STE 600 WESTLAKE VILLAGE CA 91361**
Mailing Address: **2649 TOWNSGATE ROAD, STE 600 WESTLAKE VILLAGE CA 91361**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 02/13/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-4420627	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWMAN, EVELYN 35408 LAKE UNITY RD. FRUITLAND PARK FL 34731				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVERS, WANDA		1.2 NAME				
STREET ADDRESS	5880 CARELL AVE.		1.3 STREET ADDRESS				
CITY - ST - ZIP	AGOURA HILLS CA 91301		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	EVERS, RANDALL		2.2 NAME				
STREET ADDRESS	5880 CARELL AVE.		2.3 STREET ADDRESS				
CITY - ST - ZIP	AGOURA HILLS CA 91301		2.4 CITY - ST - ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SEZGIN, ENDER		3.2 NAME				
STREET ADDRESS	436 TONALE WAY		3.3 STREET ADDRESS				
CITY - ST - ZIP	AGOURA HILLS CA 91301		3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			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				

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: *Wanda Evers* **WANDA EVERS** 1/24/96 (805) 497-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)