

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

FILED
May 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F94000003205 (1)
 1. Corporation Name
E.W.R. RESOURCES, INC.



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|--|---|
| Principal Place of Business 2649 TOWNSGATE ROAD, STE 600 WESTLAKE VILLAGE CA 91361 | Mailing Address 2649 TOWNSGATE ROAD, STE 600 WESTLAKE VILLAGE CA 91361-2705 |
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|--------------------------------|-------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 06/20/1994 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 95-4420627 | Applied For <input type="checkbox"/> Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input checked="" 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 | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 checked="" 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 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: Wanda Evers SIGNATURE REQUIRED Wanda Evers Date 4/30/97 Daytime Phone # _____

CR2E034 (9/96)