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

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

STE 355

26

21515 HAWTHORNE BLVD

TORRANCE CA 90503-6513

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

21515 HAWTHORNE BLVD

TORRANCE CA 90503

Suite, Apt. #, etc.

SIGNATURE:

STE 355



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003980 (9)

R.W. DURHAM & COMPANY

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIQ CORPORATE SERVICES, INC. 526 E. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 TALLAHASSEE FL 32301 City 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, type a or printed runne of registerior agent and otte if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE PDC DELETE 1 1 TITLE Change Addition DURHAM, RALPH W NAME 1.2 NAME CR2E034 2800 PASEO DEL MAR 1.3 STREET ADDRESS STREET ADDRESS PALOS VERDES ESTATES CA 90274 1.4 CITY - ST - ZIP CITY-ST-21E DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-7P 4.4 CITY - ST - ZIP DELETE Change Addition THLE 51 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 arrival 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

FILED Jan 23 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

01/31/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

08/01/1994

FEI Number
 95-3364660