

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000006690 (1)**

1. Corporation Name

**LAMCO CALFRONT MANAGEMENT, INC.**

Principal Place of Business

300 N. CONTINENTAL BLVD.  
SUITE 360  
EL SEGUNDO CA 90245

Mailing Address

300 N. CONTINENTAL BLVD.  
SUITE 360  
EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE.

95 MAR -3 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified **12/30/1994** 3a. Date of Last Report

4. FEI Number **95-4509254** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	300 Continental Blvd. Suite, Apt. #, etc. 360	26	300 Continental Blvd. Suite, Apt. #, etc. 360
23		28	
El Segundo, CA 90245		El Segundo, CA 90245	
24		29	
City & State		City & State	
El Segundo, CA 90245		El Segundo, CA 90245	
25		30	
Country		Country	
Los Angeles		Los Angeles	

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.  
1525 S. ANDREWS AVE.  
SUITE 216  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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 reconstituting

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GAULTON, DAVID J
STREET ADDRESS	21515 VANOWEN ST.
CITY-ST-ZIP	CANOGA PARK CA 91303
TITLE	VD
NAME	MAHONEY, JACK L
STREET ADDRESS	300 N. CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO CA 90245
TITLE	S
NAME	KASAI, LINDA
STREET ADDRESS	300 N. CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO CA 90245
TITLE	T
NAME	MATSUI, LARRY M
STREET ADDRESS	300 N. CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO CA 90245
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300 Continental Blvd., Suite 360
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300 Continental Blvd., Suite 360
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300 Continental Blvd., Suite 360
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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; and that I am the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears in Block 12 or Block 13 or in the attachment with an address.

SIGNATURE:

Linda Kasai, Secretary

2/23/95 (310) 648-7600

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number