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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	F94000006690	(1))

9. Name and Address of Current Registered Agent

LAMCO CALFRONT MANAGEMENT, INC.

Principal Place of Business 300 N. CONTINENTAL BLVD. SUITE 360

City & State

Mailino Address

City & State

300 N. CONTINENTAL BLVD. SUITE 360



23 Trust Fund Contribution Zio Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutos □ Voc □ No

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

	Tional datates
	10. Name and Address of New Registered Agent
8	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

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, typed or printed name of registered agent and title if applica	hin (N	OTE: Registered Agent's gnature required	J when reinstating) DATE
12.	OFFICERS AND DIFIECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIÉME	PD	☐ DELETE	1. 1 TITLE	Change Additio
NAME	GAULTON, DAVID J		1.2 NAME	
STREET ADDRESS	21515 VANOWEN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91303		1.4 CITY - ST - ZIP	
TITLE	VD	DELETE	2 1 11TLF	Change Additio
NAME	MAHONEY, JACK L		2 2 NAME	
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 360		2.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245		2 4 CITY-ST-ZIP	
TITLE	S	DELETE	3 1 TITLE	Change Additio
AME	Kasai, Linda		3.2 NAME	_ ,
STREET ADDRESS	300 CONTINENTAL BLVD, SUITE 360		3.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245		3.4.011Y-ST-ZIP	
ITLE	1	DELETE	4. 1 TITLE	Change Additio
IAME	MATSUI, LARRY M		4.2 NAME	
STREET ADORESS	300 CONTINENTAL AVE., SUITE 360		4.3 STREET ADDRESS	
CITY-ST-ZIP	EL SEGUNDO CA 90245		4.4 CITY - ST - ZIP	700001813347
TITLE		DELETE	5. 1 TITLE	-05/08/9601044005 ^c hange
NAME			5.2 NAME	***200.00
STREET ADDRESS			5.3 STREET ADDRESS	1

6.4 CITY - ST - 719 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 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Linda Kasai SIGNATURE AND TYPED OR PRINTED NAME OF SA

NING OFFICER OR DIRECTOR

DELETE

(310) 648-7600 Daytime Prione #

Change