

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 filer if applicable

(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
NAME	GAULTON, DAVID J	
STREET ADDRESS	21515 VANOWEN ST.	
CITY-ST-ZIP	CANOGA PARK CA 91303	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAHONEY, JACK L	
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 360	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KASAI, LINDA	
STREET ADDRESS	300 CONTINENTAL BLVD, SUITE 360	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATSUI, LARRY M	
STREET ADDRESS	300 CONTINENTAL AVE., SUITE 360	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	

**700001813347**

**-05/08/96--01044--005**

**\*\*\*200.00**

CR2E034 (12/95)

5/1/96

**SIGNATURE: Linda Kasai**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

(310) 648-7600

Daytime Phone #