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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham 🧎 🖜

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9500000457 (0)

MARSIN Principal Place 2250 E. IMPER	CORPORATION e of Business	Mailing Address 2250 E. IMPERIAL HWY.			
SUITE 1200		SUITE 1200			
EL SEGUNDO	CA 902 45	EL SEGUNDO CA 90245-354	13		
				3. Date Incorporated or Qualifie	1
2. Principal P	lace of Business	2a, Mailing Address		01/27/1995 4. FEI Number	04/08/1996 Applied For
21		26		95-4508051	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032,
24	25		30	Florida Statules	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New	Hegistered Agent
PELLETIER, CLAUDETTE A			UT Name		
13060 N. A1A			62 Street	pet Address (P.O. Box Number is Not Acceptable)	
VEH	O BEACH FL 32963		83		
			84 City		FL B5 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was au jations of, Soction 607.0505, Flori	s, the above-named thorized by the corida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acc	
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE OFFICERS AND DIRECTORS		Registered Agent signature 13.	c required when reinstating)	DATE FICERS AND DIRECTORS IN 12
TOTLE	PTD OFFICERS AN	DELETE	11 TITLE	ADDITIONS/CHANGES TO OF	Change Addition
NAME	MCDANIEL, MARSHALL L	_ ·	1.2 NAME		
STREET ADDRESS	2250 E. IMPERIAL HWY.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA 90245		1.4 DITY-ST-ZIP		
TITLE	VO	☐ DELETE	2.1 TITLE		Change Addition
NAME	MCDANIEL, STACIE L		2.2 NAME		
STREET ADDRESS	4712 PLACITA DE SUERTE		2.3 STREET ADDRESS		٠.
CITY-ST-ZIP	TUCSON AZ 85745		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, ANN MARIE		3.2 NAME	1	
STREET ADORESS	2250 E. IMPERIAL HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	EL SEGUNDO CA	T DOUTE	34. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		Change Addition
NAME OTDEET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ŀ
CITY-ST-ZIP TITLE		DELETE	4.4 C(1) Y - ST - Z(P) 5.1 T(1) LE		☐ Change ☐ Addition
NAME		the second	5.2 NAME)	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY- ST-7IP		
TITLE		DELETE	61 THLE		☐ Change ☐ Addition
NAME		NO 00 CO 00 *	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 eath; 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 addyess.

MARCHANDELLIONASCHIEL X

6/3/07 (3,0)/40-19/6

FILED

Jun 17 1997 8:00am

Secretary of State