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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001510 (5)

1. Corporation Name
800 SOBT CORPORATION

Principal Place of Business
800 NEWPORT CENTER DR., #300
NEWPORT CA 92660

Mailing Address
800 NEWPORT CENTER DR., #300
NEWPORT CA 92660-8315



3. Date Incorporated or Qualified 03/29/1995
3a. Date of Last Report 08/13/1996

4. FEI Number 33-0656307
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME NEILL, MICHAEL R
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT CA 92660

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME MCWALTERS, JAMES G
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT CA 92660

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME BOWER, RONALD L
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT BEACH CA 92660

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HUBBS, DAVID K
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT BEACH CA 92660

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVTS ☐ DELETE
NAME SULLIVAN, LAWRENCE K
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT CA 92660

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME MOYLAN, MARTIN M
STREET ADDRESS 800 NEWPORT CENTER DR., #300
CITY-ST-ZIP NEWPORT CA 92660

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME AS
6.3 STREET ADDRESS Scruggs, Patrick M
6.4 CITY-ST-ZIP 800 Newport Center Dr., #300
Newport Beach CA 92660

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Neill

January 10, 1997 (714) 7215000

Date

Daytime Phone #

CR2E034 (9/96)