PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F95000001510**1. Corporation Name

800 SOBT CORPORATION

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90061 017 ***150.00



			Latin Add					
Principal Place of Business Mailing Address								
800 NEWPORT CENTER DR., #300 NEWPORT CA 92660			900 NEWPORT CENTER DR., #300 NEWPORT CA 92660				DO NOT WRITE IN THIS SPACE	
	J						3. Date Incorporated or Qualifed 03/29/1995	
2. Principal P	lace of Business	2a	- Mailing Address				4. FEI Number Applied For	
21	-	26					33-0656307 Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				¢0.75	
22		27	•				5. Certificate of Status Desired Fee Required	
City & State	6		City & State	· · · ·			- 6. Election Campaign Financing - \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cou	ntry		8. This corporation oweş the current year Intangible	
24	26	29		30		<u> </u>		
	9. Name and Address of Curre	ent Regi:	stered Agent		2.1		10. Name and Address of New Registered Agent	
***	01100000 DEGISTERED 10E1	TO 1110			81	Name		
	ONSCORP REGISTERED AGEN	115, INC	j.		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	E. PARK AVENUE				V			
IALL	AHASSEE FL 32301				83			
					84	City	85 Zip Code	
	•					•	FL 63 25 366	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Flori	da. Such change was au	ithorized	DV I	-named or he corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	the state of the second						nquired when reinstating) DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	•		Registered	Agent	signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP STATE OFFICERS	אוט טוא	X DELETE	1.1 TI	n E	т.	DP K Change Addition	
NAME	NEILL, MICHAEL R					HUBBS, DAVID K		
	800 NEWPORT CENTER DR.,						800 NEWPORT CENTER DR., #300	
STREET ADDRESS	NEWPORT CA 92660	*300			TY-ST		NEWPORT BEACH CA 92660	
CITY-ST-ZIP TITLE	DV		☐ DELETE	2.1 TI		-217 1	Change Addition	
	MCWALTERS, JAMES G		_ blee!	2.2 N			· - 7 18	
NAME	800 NEWPORT CENTER DR.,	#200				ADDRESS		
STREET ADDRESS	NEWPORT CA 92660	#300						
CITY-ST-ZIP TITLE	V		☐ DELETE	3.1 17	TY-\$1	-21	Change Addition	
NAME	BOWER, RONALD L	ş-		3.2 N		İ		
STREET ADDRESS	800 NEWPORT CENTER DR.,	#300				ADDRESS		
	NEWPORT BEACH CA 92660				TY-ST	1	. "	
CITY-ST-ZIP TITLE	V ;		☐ DELETE	4.1 TI		-27	☐ Change ☐ Addition	
NAME	HUBBS, DAVID K			4. 2 N		j		
STREET ADDRESS		#300				ADDRESS		
	NEWPORT BEACH CA 92660				TY-ST	1		
CITY-ST-ZIP	DVTS	<u> </u>	☐ DELETE	5.1 Ti	_	- 4.11	☐ Change ☐ Addition	
NAME	SULLIVAN, LAWRENCE K			5.2 No		1		
STREET ADDRESS	800 NEWPORT CENTER DR.,	#300				ADDRESS		
CITY-ST-ZIP	NEWPORT CA 92660	# UU U			TY-ST	- 1		
TITLE	AS		☐ DELETE	6.1 TI		-	· Change Addition	
NAME	SCRUGGS, PATRICK M			6.2 N	ME			
STREET ADDRESS	800 NEWPORT CENTER DR.,	#300				ADDRESS		
OTTLE I ADDRESS	NEWPORT CENTER DR.,	#300			ty-ST	ŧ		

14. I 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, with all other like empowered.

SIGNATURE:

QUDavidCk. Hubbs