SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1**0**02

HORMAN, STEVE

4020 VIA OPATA

PALOS VERDES CA

TANCHUM, LANNON

RANGHO PALOS VERDES CA

5231 MONERO DR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation		0002588 (0)	, <u></u>							
THE DE	SIGNORY, INC.	. ,								
Principal Place of Business Mailing Address						T 10044ED (110 IGIAL DIVIN OBSIS ABIST EDUS OBSIS OB	iir iitki		501 1811 1081	
211 E. OCEAN	BLVD.	211 E OCEAN BLVD								
STE 100 LONG BEACH	CA 900024009	STE 100 LONG BEACH CA 90802-4809				DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualified				
						05/26/1995				
<u> </u>	'lace of Business	2a. Mailing Address				4. FEI Number Applied F				
Suite, Apt.	4 ola	26							Applicable	
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution	Ad	.00 M	Fees	
Zip 24	Country 25	Zip 29	Cour 30	ntry			Yes	r Intan		
	9. Name and Address of Curr			<u> </u>		10. Name and Address of New Registered A	gent			
	S&F REGISTERED AGENT CO	RP.		81	Name					
	I S. B AYSHORE DR.	82 Street			Street Ad	dress (P.O. Box Number is Not Acceptable)	_			
	E 600		83							
MIA	MI FL 83133			"						
	3		Ţ	84	City	FL	85	Zip Co	de	
11. Pursuant office or agent. I a	am familiar with, and accept the obl	igations of, section 607.0505, F	lorida Statu	ites		poration submits this statement for the purpose of cha ation's board of directors. I hereby accept the appoint	nging i ment a	its regis	stered stered	
12,	Signature, typed or printed name of registered a	gent and title if applicable (N ND DIRECTORS	NOTE: Registers	gA be	gent signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDE	CTOD	O IN 40	
TITLE	CEÓD	DELETE	1.1 TITL	F			Char		Addition	
NAME	ALMQUIST, DAVID	Liverere	1.2 NAA			RADIGAN, MATTHEW	Unar	nge ∟	Addition	
STREET ADDRESS	120 MALLARD LANE			_		229 SAINT JOSEPH AVE.				
CITY-ST-ZIP	HAILEY ID		1.4 CIT1	Y-ST-		ONG BEACH, CA 90803				
TITLE	VD .	DELETE	2.1 7171	E		200/D	Char	nge 3	Addition	
NAME	FULLER, JOEL		2.2 NAX	Æ		YOUNG, TRACY		_	-	
STREET ADDRESS	3620 SOLANO RD		2.3 STR	EETA		1450 MORNINGSIDE DR.				
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP		AGUNA BEACH, CA 92651				
TITLE	SD 7	K DELETE	3.1 TITL			<i>i</i> L	_ Char	nge 🕽	Addition	
NAME	FERGUSON, CHRISTINE		3.2 NAA		1	MERAZ, SALVADOR				
STREET ADDRESS	203 38TH ST. Manhattan Beach Ca 902)QQ				19202 FAIRHAVEN EXT.				
CITY-ST-ZIP TITLE	TD	The second secon	3.4 CITY 4.1 TITL			SANTA ANA, CA 92705	1		7	
NAME	RADÍGAN, MATTHEW	L_] DELETE	4.1 UTL		1 1		Char	nge [Addition	
STREET ADDRESS	229 SAINT JOSEPH AVE					ranchum, Lannon				
CITY-ST-ZIP	LONG BEACH CA		4.3 S IRI			5231 MONERO DR				
TITLE	PD	DELETE	5.1 TITL			RANCHO_PALOS_VERDES,_CA	1		Addition	

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.

DELETE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

FILED

Jul 16 1998 8:00am

Secretary of State

Change Addition