

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002745 (6)

1. Corporation Name
PALOMAR PROPERTIES, INC.



Principal Place of Business 2045 N. HWY 360, #250 GRAND PRAIRIE TX 75050	Mailing Address 2045 N. HWY 360, #250 GRAND PRAIRIE TX 75050
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995		3a. Date of Last Report 05/02/1996	
21		26		4. FEI Number 75-1632130		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HASHIOKA, CHRISTOPHER	1.2 NAME	Christopher E. Hashioka
STREET ADDRESS	11189 SORRENTO VALLEY RD., #103	1.3 STREET ADDRESS	5510 Morehouse Drive, Suite 200
CITY-ST-ZIP	SAN DIEGO CA 92121	1.4 CITY-ST-ZIP	San Diego, CA 92121
TITLE	D	2.1 TITLE	
NAME	BOSLER, JAMES	2.2 NAME	
STREET ADDRESS	2045 N. HWY 360, #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	GLEASON, TIMOTHY	3.2 NAME	
STREET ADDRESS	PO BOX 5407 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76005	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	
NAME	JONES, GLENN D	4.2 NAME	
STREET ADDRESS	2045 N. HWY 360, #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX 75050	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Timothy Gleason 8/13/97 817-811-9400

CR2E034 (4/97)