

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

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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005392 (4)

1. Corporation Name

ADMAR CORPORATION OF CALIFORNIA

Principal Place of Business

2907 BAY TO BAY BLVD. #102  
TAMPA FL 33629

Mailing Address

2907 BAY TO BAY BLVD. #102  
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1551 N. Tustin		26 1551 N. Tustin		11/03/1995	
22 Suite, Apt. #, etc. 300		27 Suite, Apt. #, etc. 300		4. FEI Number 95-2858446	
23 City & State Santa Ana, CA		28 City & State Santa Ana, CA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 92701		29 Zip 92701		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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	PD	1.1 TITLE	PD
NAME	TORAL, RICHARD T	1.2 NAME	Kraig A. Boysen
STREET ADDRESS	1551 N. TUSTIN AVE.	1.3 STREET ADDRESS	1551 N. TUSTIN #300
CITY-ST-ZIP	SANTA ANA CA	1.4 CITY-ST-ZIP	Santa Ana, CA 92701
TITLE	CD	2.1 TITLE	VPID
NAME	PASCUAL, VIRGINIA	2.2 NAME	Gary M. Cain
STREET ADDRESS	1551 N. TUSTIN AVE.	2.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	SANTA ANA CA	2.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	D	3.1 TITLE	D
NAME	EVANS, EDWARD K	3.2 NAME	Thomas J. Graf
STREET ADDRESS	1551 N. TUSTIN AVE.	3.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	SANTA ANA CA	3.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	D	4.1 TITLE	S
NAME	KEHOE, P J	4.2 NAME	Virginia Pascual
STREET ADDRESS	1551 N. TUSTIN AVE.	4.3 STREET ADDRESS	1551 N. TUSTIN #300
CITY-ST-ZIP	SANTA ANA CA	4.4 CITY-ST-ZIP	Santa Ana, CA 92701
TITLE		5.1 TITLE	T
NAME		5.2 NAME	Edward K. Evans
STREET ADDRESS		5.3 STREET ADDRESS	1551 N. TUSTIN #300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Santa Ana, CA 92701
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Edward K. Evans*

4/2/98

(114)953-9600

CR2E034 (10/97)