

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90251 044 \*\*\*317.50

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DOCUMENT # **F95000005392**

1. Corporation Name

**ADMAR CORPORATION OF CALIFORNIA**



Principal Place of Business

**1551 NORTH TUSTIN  
300  
SANTA ANA CA 92701**

Mailing Address

**1551 NORTH TUSTIN  
300  
SANTA ANA CA 92701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

**11/03/1995**

4. FEI Number

**95-2858446**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYSEN, KRAIG A	
STREET ADDRESS	1551 NORTH TUSTIN #300	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PASCUAL, VIRGINIA	
STREET ADDRESS	1551 N. TUSTIN AVE.	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, EDWARD K	
STREET ADDRESS	1551 N. TUSTIN AVE.	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PASCUAL, EDWARD K	
STREET ADDRESS	1551 NORTH TUSTIN	
CITY-ST-ZIP	SANTA ANA CA 92701	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAIN, GARY M	
STREET ADDRESS	711 HIGH STREET	
CITY-ST-ZIP	DES MOINES IA 50392	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAF, THOMAS J	
STREET ADDRESS	711 HIGH STREET	
CITY-ST-ZIP	DES MOINES IA 50392	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Virginia Pascual	
1.3 STREET ADDRESS	1551 N. Tustin #300	
1.4 CITY-ST-ZIP	Santa Ana, CA 92701	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edward K. Evans	
2.3 STREET ADDRESS	1551 N. Tustin #300	
2.4 CITY-ST-ZIP	Santa Ana, CA 92701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

(714)953-9600

Daytime Phone #

CR2E034 (11/98)