

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

FILED

Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000522 (0)**

1. Corporation Name  
**PALLOTTA & ASSOCIATES, INC.**



Principal Place of Business <b>9601 WILSHIRE BLVD., #444 BEVERLY HILLS CA 90210</b>	Mailing Address <b>9601 WILSHIRE BLVD., #444 BEVERLY HILLS CA 90210-5213</b>
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2. Principal Place of Business 21 <b>1525 Crossroads of the World</b> Suite, Apt. #, etc. 22 City & State 23 <b>Los Angeles CA</b> 24 Zip <b>90028</b> 25 Country	2a. Mailing Address 26 <b>same as #2</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
4. FEI Number <b>95-4479479</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOLLINGSWORTH, SEAN  
1045 LINCOLN RD.  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent  
81 Name **REGGIE L. METZGER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**609 NE 13TH AVE. #302**  
83  
84 City **FT. LAUD.** FL 85 Zip Code **33304**

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:  DATE: **2-10-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>PALLOTTA, DAN</b>	
STREET ADDRESS	<b>1525 CORSSROADS OF THE WORLD, #101</b>	
CITY- ST- ZIP	<b>LOS ANGELES CA 90028</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>PALLOTTA, DAN</b>	
STREET ADDRESS	<b>1525 CORSSROADS OF THE WORLD, #101</b>	
CITY- ST- ZIP	<b>LOS ANGELES CA 90028</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	

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 included 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 a 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 is not listed on Block 12 or Block 13 if changed, or on an attachment with an address.

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-97** 213.467.8888  
Date Daytime Phone #

CR2E034 (9/96)