

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 NOV 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000565 (9)**

1. Corporation Name
E.D.S. FINANCIAL AND INSURANCE SERVICES, INC.

Principal Place of Business 1502-G BROOKHOLLOW DR SANTA ANA CA 92705	Mailing Address 1502-G BROOKHOLLOW DR SANTA ANA CA 92705-5426
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*26421 Crown Valley Parkway
Suite 110 1st floor
Mission Viejo, CA 92691*

REINSTATEMENT 98

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/02/1996	3a. Date of Last Report
4. FEI Number 33-0592323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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

**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
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 *Chris Allen* DATE *11/12/98*

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	POSTAL, JIM	
STREET ADDRESS	1502-G BROOKHOLLOW DR	<i>129 Via Mentene</i>
CITY-ST-ZIP	SANTA ANA CA 92705	<i>Newport Beach, CA 92663</i>
TITLE	VCS	<input type="checkbox"/> DELETE
NAME	STONE, JAMES W	
STREET ADDRESS	21968 CAYUGA LANE	
CITY-ST-ZIP	LAKE FOREST CA 92630	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STONE, JAMES W	
STREET ADDRESS	21968 CAYUGA LANE	
CITY-ST-ZIP	LAKE FOREST CA 92630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMM, HAROLD A	
STREET ADDRESS	6371 RANCHO MISSION RD #13	
CITY-ST-ZIP	SAN DIEGO CA 92108	
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	400002691914-8
1.4 CITY-ST-ZIP	-11/19/98-01088-020
2.1 TITLE	***750.00 <input type="checkbox"/> Change <input checked="" 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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with an attachment with an address.

SIGNATURE: *James W Stone* **SIGNATURE REQUIRED** DATE: *1-29-97* **714-557-2960**

11-9-98 **800-321-9345**

CR2E034 (9/96)

OFFICERS

Title: **President**
Date Taking Office: 01/01/94

Name: James A. Postal
Address: 129 Via Mentone
Newport Beach, CA 92663

Social Security Number: 557-48-6814
Date of Birth: 12/09/36
Telephone Number: (714) 557-2960

Percentage of Ownership: 37.50% (Percent)

Title: **Secretary**
Date Taking Office: 01/01/94

Name: James W. Stone
Address: 21968 Cayuga lane
: Lake Forest, CA 92630

Social Security Number: 560-64-5873
Date of Birth: 11/18/47
Telephone Number: (714) 557-2960

Percentage of Ownership: 37.50 % (Percent)

Title: **Treasurer**
Date Taking Office: 01/01/94

Name: Harold A. Lamm
Address: 6371 Rancho Mission Road, Unit # 13
: San Diego, CA 92108

Social Security Number: 264-66-0089
Date of Birth: 01/22/44
Telephone Number: (714) 557-2960

Percentage of Ownership: 25.00 % (Percent)

Additional Information: The above officers have never been convicted
of any felony or crime.