

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

FILED
May 12 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 # F96000002599 (6)

1. Corporation Name

ALPINE ASSETS, INC.



Principal Place of Business 25401 CABOT ROAD, SUITE 211 LAGUNA HILLS CA 92653	Mailing Address 25401 CABOT ROAD, SUITE 211 LAGUNA HILLS CA 92653-5514
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3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
4. FEI Number 33-0684224	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6345 Balboa Blvd Suite, Apt. #, etc. 22 Suite 112 City & State 23 Encino, CA Zip 24 91316	2a. Mailing Address 26 6345 Balboa Blvd Suite, Apt. #, etc. 27 Suite 112 City & State 28 Encino CA Zip 29 91316	Country 30
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9. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		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
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LONG, JOHN S
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 360
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSENFELD, EUGENE S
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 390
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDLER, RICHARD V
STREET ADDRESS	844 MORAGA DR
CITY - ST - ZIP	LOS ANGELES CA 90049
TITLE	D <input type="checkbox"/> DELETE
NAME	GREEN, JEFFREY M
STREET ADDRESS	844 MORAGA DRIVE
CITY - ST - ZIP	LOS ANGELES CA 90049
TITLE	P <input type="checkbox"/> DELETE
NAME	BEISSWANGER, MARK
STREET ADDRESS	300 CONTINENTAL BLVD., SUITE 360
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GILFORD, JEFFREY N
STREET ADDRESS	25401 CABOT ROAD, SUITE 211
CITY - ST - ZIP	LAGUNA HILLS CA 92653

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	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 04/30/97 (407) 396-6101

CF2E034 (9/96)