

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # F96000003757 (9)

1. Corporation Name

SSMRT BLUE LAGOON (13), INC.



Principal Place of Business

505 MONTGOMERY STREET
SAN FRANCISCO CA 94111

Mailing Address

505 MONTGOMERY STREET
SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 94-3250073

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ☒ DELETE

NAME MOGHADAM, HAMID R
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE V ☐ DELETE

NAME STEINBERG, WILLIAM
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE S ☐ DELETE

NAME SCHUBEL, LINDSEY K
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE T ☐ DELETE

NAME SINNETT, STEVEN B
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE D ☐ DELETE

NAME LINN, BARBARA J
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE D ☐ DELETE

NAME DISERENS, JOHN H
STREET ADDRESS 505 MONTGOMERY STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Craig A. Severance
1.3 STREET ADDRESS 505 Montgomery Street
1.4 CITY-ST-ZIP San Francisco CA 94111

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE PD ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]

CR2E034 (4/97)