

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

DOCUMENT # F96000005365

1. Corporation Name

CORICO OFFICE PROFESSIONALS, INC.

Principal Place of Business

**3353 MICHELSON DR
551M
IRVINE CA 92698
US**

Mailing Address

**3353 MICHELSON DR
551M
IRVINE CA 92698
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALL FL 32301**

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

02-0419376

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

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

P

☐ DELETE

NAME

TILLER, J V

STREET ADDRESS

3353 MICHELSON DR

CITY-ST-ZIP

IRVINE CA 92698

TITLE

COO

☐ DELETE

NAME

TILLER, J V

STREET ADDRESS

3353 MICHELSON DR

CITY-ST-ZIP

IRVINE CA 92698

TITLE

V

☐ DELETE

NAME

WHEELER, N. S

STREET ADDRESS

3353 MICHELSON DR

CITY-ST-ZIP

IRVINE CA 92698

TITLE

VT

☐ DELETE

NAME

HULL, S F

STREET ADDRESS

3353 MICHELSON DR

CITY-ST-ZIP

IRVINE CA 92698

TITLE

S

☐ DELETE

NAME

FISHER, L N

STREET ADDRESS

3353 MICHELSON DR

CITY-ST-ZIP

IRVINE CA 92698

TITLE

AT

☐ DELETE

NAME

MORROW, T H

STREET ADDRESS

3353 MICHELSON DR 551M

CITY-ST-ZIP

IRVINE CA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

D V

☒ 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

☐ 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 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:

T. H. Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. H. MORROW
ASSISTANT TREASURER

3/10/99 (944) 975-4031

Date

Daytime Phone #

CR2E03 (1/98)

2/1/99

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90159 002 ***150.00



DO NOT WRITE IN THIS SPACE