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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 03 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000005561 (3)

Principal Plac	IURST AVENUE	Mailing Address 6929 HAYVENHURST AV VAN NUYS CA 81406-46				
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996
· ·	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				95-4467726 Not Applicable
Suite, Apt.		Suile, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & Stat	ө	City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes Yes No
	9, Name and Address of Current	neglatered Agent		81	Name	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM			61	Name	
	SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)
PLA	NTATION FL 33324			83		
				63		
				84	City	₽ 85 Zip Code
44.0		- 1000 table 51 11 0	 			FL S Zip code
l office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change wa tions of, Section 607.0505,	s authori	zed by	the comore	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, lyped or printed name of registered ager				nt signature requ	paod when reinstating) DATE
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PC	☐ DELETE	1	TITLE	ļ	Change L Addition
NAME	NEMAN, BEN			2 NAME		
STREET ADDRESS	2180 STRADELLA ROAD		1.3	3 STREET	ADDRESS	
CITY-ST-ZIP	BEL AIR CA 90077	The state of		CITY-S	T-ZIP	
TITLE	VST			21 TITLE		Change L Addition
NAME	BUNTING, JIM			? NAME	ļ	
STREET ADDRESS	775 SAN RAFAEL TERRACE		2.3	3 STREET	ADDRESS	
CITY-ST-ZIP	PASADENA CA 91105		2. 4 CITY - ST - ZII		ST-ZIP	
TITLE				TITLE		Change Addition
NAME				NAME.		
STREET ADDRESS		3 3 STREET ADDRESS				
CITY-ST-ZIP		Donese	3.4. CITY - ST- ZIP		ST-ZIP	
TITLE		∐ DELETE	4.1 Title			Change Addition
NAME				2 NAME		
STREET ADDRESS			1		AODRESS	
CITY-ST-ZIP		☐ DELETE		4.4 CHY-ST-ZIP		Channa Addition
TITLE				5.1 TITLE		Change Addition
NAME			1	NAME		
STREET ADDRESS					ADORESS	
CITY-ST-ZIP		DELETE	5.4 CITY- ST- ZIP		T- ZIP	T Chance T addition
TITLE		ויין טנונונ		TITLE	}	Change Maddition
NAME	V			NAME	_ [
STREET ADDRESS			6.3	STREET	ADDRESS	

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 one in attachment with an address.