

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

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Apr 16 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 # F97000000044 (4)

1. Corporation Name

ASSIGNMENT READY, INC.



Principal Place of Business	Mailing Address
ENCINO OFFICE PARK III 6345 BALBOA BLVD #272 ENCINO CA 91316	ENCINO OFFICE PARK III 6345 BALBOA BLVD #272 ENCINO CA 91316-1511

2. Principal Place of Business	2a. Mailing Address
21 24651 W. Agoura Road Suite, Apt. #, etc.	26 24651 W. Agoura Road Suite, Apt. #, etc.
22 City & State	27 City & State
23 Calabasas, CA	28 Calabasas CA
24 Zip 91302	29 Zip 91302
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 12/27/1996	3a. Date of Last Report N/A
4. FEI Number 95-4608103	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 type="checkbox"/> No	

g. 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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEOP <input type="checkbox"/> DELETE
NAME	NEBENS, CARRIE S
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316
TITLE	COO <input type="checkbox"/> DELETE
NAME	EVANS, JEFFREY
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316
TITLE	CFOS <input type="checkbox"/> DELETE
NAME	KUKIN, JERRALD P
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316
TITLE	DC <input type="checkbox"/> DELETE
NAME	BUELRER, H TOM
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316
TITLE	D <input type="checkbox"/> DELETE
NAME	BRENNAN, KAREN
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316
TITLE	D <input type="checkbox"/> DELETE
NAME	BROCK, WILLIAM E
STREET ADDRESS	ENCINO OFFICE PARK III, 6345 BALBOA BLVD
CITY-ST-ZIP	ENCINO CA 91316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	24651 West Agoura Road
1.4 CITY-ST-ZIP	Calabasas, CA 91302
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	24651 West Agoura Road
2.4 CITY-ST-ZIP	Calabasas, CA 91302
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	24651 West Agoura Road
3.4 CITY-ST-ZIP	Calabasas, CA 91302
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Buelter, H Tom
4.3 STREET ADDRESS	24651 West Agoura Road
4.4 CITY-ST-ZIP	Calabasas, CA 91302
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	24651 West Agoura Road
5.4 CITY-ST-ZIP	Calabasas, CA 91302
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	24651 West Agoura Road
6.4 CITY-ST-ZIP	Calabasas, CA 91302

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: _____ (818) 878-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011279

CR2E034 (9/96)