

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000639 (1)

1. Corporation Name
PACIFIC AGENCY INC.

Principal Place of Business
1150 SOUTH OLIVE STREET
LOS ANGELES CA 90015

Mailing Address
1150 SOUTH OLIVE STREET
LOS ANGELES CA 90015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

95-2952109

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOUNG, LARRY K
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

TITLE EVD
NAME FOLTZ, STEPHEN H
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

TITLE VSA
NAME MURPHY, JAMES J
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

TITLE D
NAME TYDUS, SEDRICK A
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

TITLE D
NAME VON KAPFF, MARCUS A
STREET ADDRESS 1150 SOUTH OLIVE STREET
CITY-ST-ZIP LOS ANGELES CA 90015 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 ☐ 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 as an attachment with an address.

SIGNATURE:

James J. Murphy

2/17/98

(213)

James J. Murphy, Vice President 742-4762

CR2E034 (1097)