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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000001668 (9)

FILED Feb 26 1998 8:00am Secretary of State

Principal Plac	co of Business	Mailing Address				
987 COMMERCIAL ST 987 COMMERCIAL S SAN CARLOS CA 94070 SAN CARLOS CA 94						
					DO NOT WRITE IN 1	THIS SPACE
					3. Date Incorporated or Qualified 04/02/1997	
2. Principal (Place of Business	2a. Mailing Address			4, FEI Number 94-2436646	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.		6. Certificate of Status Desired	60 7E	
City & Sta	ile:	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid th	e current year Intangible
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	В1		10. Name and Address of New Regist	ered Agent
C T CORPORATION SYSTEM				Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street Add	iress (P.O. Box Number is Not Acceptable)	
			83	,		
			84	City		85 Zip Code
				1		FLII
office or agent. I	am familiar with, and accept the obliq	gations of, Section 607,0503	b, Florida Statute	IS.	poration submits this statement for the purporation's board of directors. I hereby accept the	
	Signature, typed or printed name of registered by	pent and terroff applicable. ND DIRECTORS	(NOTE: Angistered Ag	eni signature requi	pired when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE DIRECTORS IN 12
12.	T. DC O// 16E H3 MI	DELETE			ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	MOORE, WILLIAM E	_	1.2 NAME			
STREET ADDRESS	AND COMMITTONIAL OF			1 ADDRESS		
CITY-ST-ZIP	SAN CARLOS CA 94070		1.4 CITY -	i		
TITLE	10	DELETE		// Ell -		Change Addition
NAME	MOORE, DESIREE B		2.2 NAME			
STREET ADDRESS			2.3 STHEE	1 ADDRESS		
CITY-ST-ZIP	SAN CARLOS CA 94070		2. 4 CITY-	ST-ZIP		
TITLE	DST	DELETE	3.1 TITLE			Change Addition
NAME	FERRARI, STEPHEN A		3.2 NAME			
STREET ADDRESS	987 COMMERCIAL ST		3 3 STREET ADDRESS			
CITY - ST - ZIP	SAN CARLOS CA 94070	34 CITY-ST-ZIP		ST-ZIP		Change Addis-
TITLE	1	DELETE				Change Addition
NAME			4 2 NAME	i		
STREET ADDRESS				I ADDRESS		
TITLE		DELLIE	4.4 CITY - 5.1 TITLE	st-ZIP		Change Addition
NAME	1	_ with	5.1 INTE			
STREET ADDRESS	<u> </u>			I ADDRESS		
	1		5.4 CITY -	1		
CITY-ST-ZIP TITLE	 	DELETE		31-4IF		Change Addition
NAME		_ 2.cc.	62 NAME			there are an a final and a second
STREET ADDRESS			0 £ 14/0YII.	1		
	i		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.3 STREE	T ADDRESS		

14. Thereby 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 opporation 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 attraction with an address.

SIGNATURE: