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

F97000004204 (0)

14			Mailing Address 14480 YORBA AVE. CHINO CA 91710				
						DO NOT WRITE IN THE	\$ SPACE
						3. Date Incorporated or Qualified 08/11/1997	
	Principal F	al Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	Suite, Apt. #, etc.		Suite, Apt. #, etc.		95-2752402	Not Applicable	
22	_		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State		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 owes or has paid the c	urrent year Intangible
24		25	29	30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent C T CORPORATION SYSTEM				81	Name	10. Name and Address of New Registere	u Agent
1 1200 SOUTH PINE ISLAND ROAD							
PLANTATION FL 33324				82	Street Add	iress (P.O. Box Number is Not Acceptable)	
				83			
				84	City		leel 7:- O
					1 1	F	
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 reg 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							
ļ		Signature, typed or printed name of registered ager		. Registered Ago	ent signature requi	ired when reinstating) DATE	
12.		OF FICERS AND	DOURECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	MACCHINE DIRECTAR		LJ WEELE	11776			Change Addition
l	TREET ADDRESS 14480 YORBA AVE.		1.2 NAME 1.3 STREET ADURESS		ADORECE		
	-ST-ZIP	CHINO CA 91710		1.3 STATE T ADDRESS			
TITL		P DELETE 2		2 1 TITLE			Change Addition
NAM	Ε	CRIST, PAUL		2.2 NAME			
STRE	ET ADDRESS			2.3 STREET	ADDRESS		ļ
Olli Ol An		CHINO CA 91710		2. 4 Cily - 5	S1-ZIP		
TITLI		VST	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAM	-	44400 VODDA AVE		3.2 NAME	1		}
	ET ADDRESS	CUINO CA 04740		3.3 STREET			
CITY	-ST-ZIP	DC DC	X DELETE	3.4 Cily-5	ST-ZIP		Change Addition
NAM		ALEXANDER, NEVILLE G	VA DICCIE	4.1 TITLE 4.2 NAME			Change Addition
	ET ADORESS	14480 YORBA AVE.		4.2 NAME 4.3 STREET	ADDRESS		
	Y-ST-ZIP CHINO CA 91710			4.4 CiTY-S			
TITLE		S DELETE		5.1 TITLE	1 641		☐ Change ☐ Addition
NAM	AME PERRY, EDWIN H			5.2 NAME	1		
STRE	ET ADDRESS	101 S. 5TH ST., 3300 NATL C	ity tower	53STREET	ADDRESS		
CITY	- ST- ZIP	LOUISVILLE KY 40202		5.4 CITY-S	1 - ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAM	E]			6.2 NAME			
STRE	ET ADDRESS			6.3 STREET	ADDRESS		

14. 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 suppliemental 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.

64 CITY-S1-ZIP

FILED

May 11 1998 8:00am

Secretary of State