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**PROFIT CORPORATION** ANNUAL REPORT

1998

j.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F97000004303 (0)

SCPIE MANAGEMENT COMPANY

**FILED** Jan 28 1998 8:00am Secretary of State



| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, otc.   | Principal Place                                    | e of Business   | Mailing Address                                   |  |                    |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                |
|--|--|---|---|--|--------------------|--|--|
| Built Apt 6, etc.  2a. Malery Address  2a. Malery Address  2b. Suite (Apt 6, etc.)  Suite Apt 6, etc.  Suite |  |   |   |  |                    |  |  |
| Sulin. Apt #, etc.  2a. Molning Address 2b. Molning Address 2b. Sulin. Apt #, etc.  5c. Control   Section Company Financing   Section Control   Section Cont | BEVERLY HILL                                       | LS CA 90212   | BEVERLY HILLS CA                                  | 90212                                  |                    | DO NOT WRITE IN  | THIS SPACE   |
| Principal Place of Business   2a, Morring Address   4, Filt Number   952980685   Net Applicant   5, Certificate of Status Desired   Net Applicant   5, Certificate of Status Desired   Net Applicant   7, Status   |  |   |   |  |                    |  | 11100,1102   |
| Applied For Sulfe, Apt #, etc.   Sulfe, Apt #, et   |  |   |   |  |                    | '  |  |
| Surie. Apt. 6, etc.    Surie. Apt. 6, etc.   | 2. Principal Place of Business 2a. Mailing Address |   |   |  |                    | _  | Applied For  |
| Sulte, April 4, etc.    Sulte, April 4, etc.  | 26   |   |   |  |                    | 95-2980685   | Not Applicable   |
| Coly & State   City & Country   City & Cit   | ······································             |   |   |  |                    |  | CQ 75 Additional                                       |
| ZIP   Country   Zop   Zop  | 27   |   |   |  |                    | 5. Certificate of Status Desired   | Fee Required   |
| ZIP  | City & State                                       | 9   | City & State                                      |  |                    | 6. Election Campaign Financing   | \$5.00 May Be  |
| S, Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  88  84 City  FL 85 Ziri Code  Furnishment to the provisions of Sociours 607 0502 and 607 1508. Florate Statutes  FL 85 Ziri Code  Pursuant to the provisions of Sociours 607 0502 and 607 1508. Florate Statutes  NATURE  District Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 FL City  FL 85 Ziri Code  FL 85 Ziri Code  FL 85 Ziri Code  FL 85 Ziri Code  FL 10 Floration of Sociours 607 0502 and 607 1508. Florate Statutes  NATURE  District Address (P.O. Box Number is Not Acceptable)  80 FL City  FL 85 Ziri Code  FL 10 Floration of Sociours 607 0502 and 607 1508. Florate Statutes  NATURE  District Address (P.O. Box Number is Not Acceptable)  81 Samuel Composition submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florate Statutes  NATURE  District Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 James Agent |  |   |   |  |                    | Trust Fund Contribution  |  |
| S. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  B1  ABDITION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 32301-2525  B2  STREET ADDRESS B4  City  FL B5  ZIP Code  Code  FL C | Zip  | Country   | Zip   | Count                                  | ГУ                 | 8. This corporation owes or has paid the   | <b>—</b> · • • • • • • • • • • • • • • • • • •         |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE PL 82301-2525    Bit   Name   |  |   |   | 30                                     |                    |  |  |
| TALLAHASSEE PL 82301-2525    Bit   City   FL   65   Zip Code   |  | <del></del>   | Registered Agent                                  |  | I Name             | 10. Name and Address of New Regist   | ered Agent   |
| TALLAHASSEE FL \$2301-2525    So   |  |   |   | ľ                                      | Name               |  |  |
| Bo   |  |   |   | 8:                                     | 2 Street Ad        | dress (P.O. Box Number is Not Acceptable)  | <del></del>  |
| 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 agent, and small with and accept the obligations of, Section 607 0505, Florida Statutes  NATURE  Separate in present the provisions of Sections 607 0505, Florida Statutes in the corporation's board of directors. I hereby accept the appointment as registered agent and the state of floride such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the state of floride such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agen | TALLAHASSEE FL 32301-2525                          |   |   | 12                                     |                    |  |  |
| Pursuant to the provisions of Socions 607 05:02 and 607 15:08, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing at 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 obligations of, Section 670:0505, Florida Statutes  SNATURE  Signature, typed by redistriance or implement and interface of the control of the purpose of changing at segistered agent, and mainly with an advanced by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and mainly with an advanced by the corporation's board of directors. I hereby accept the appointment as registered office or registered or registered accept the obligations of, Section 670:0505, Florida Statutes  PD  |  |   |   | 8:                                     | 5                  |  |  |
| Pursuant to the provisions of Socions 507 05:02 and 507 15:08. 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 divectors. I hereby accept the obligations of, Section 607,005, Florida Statutes.  SINATURE  Signature, typed or pretist relieve or implicative agent and their if applicative.  OFFICERS AND DIRECTORS  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  E. ZUK, DONALD J  SET ADDRESS  1.3 TITLE  DEETE  1.1 TITLE  DEETE  1.2 NAME  1.3 STREFT ADDRESS  1.4 COT'S 1-7P  E. YU  LO, PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  E. TONALD J  SEVERLY HILLS CA 90212  E. TONALD J  SET ADDRESS  ST-7P  BEVERLY HILLS CA 90212  E. TONALD J  SEVERLY HILLS CA 90212  DELETE  1.1 TITLE  1.2 NAME  1.3 STREFT ADDRESS  1.5 ST-7P  BEVERLY HILLS CA 90212  DELETE  3.1 TITLE  1.2 NAME  3.2 NAME  3.3 SINEET ADDRESS  SEVERLY HILLS CA 90212  DELETE  4.1 TITLE  1.2 NAME  3.3 SINEET ADDRESS  SEVERLY HILLS CA 90212  DELETE  4.1 TITLE  1.2 NAME  3.3 SINEET ADDRESS  SEVERLY HILLS CA 90212  DELETE  4.1 TITLE  1.3 TITLE  1.4 Change  Addition  Change  Addition  Change  Addition  Change  Addition  SEVERLY HILLS CA 90212  DELETE  5.1 TITLE  1.4 Change  Addition  Change  Addition  Change  Addition  SEVERLY HILLS CA 90212  E. WC  SRINEY, ALLAN K MD  SEVERLY HILLS CA 90212  E. KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  E. KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  E. KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  E. KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  DELETE  5. ST-7P  E. KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  945 SINEET ADDRESS  8.5 SIN |  |   |   | B4                                     | City               |  | 85 Zip Code  |
| Signature typed or petited minion of registed minion of registed size if angleciation (ACTE Registered Agent & grature required when histoplating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  EXAMPLE OFFICERS AND DIRECTORS IN 12  EXAMPLE OFFICERS AND DIRECTORS IN 12  BEVERLY HILLS CA 90212  LI THILE  LO, PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO, PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PATRICK  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PELETE  MOSELEY, WENDELL L MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PELETE  LO PELETE  MOSELEY, WENDELL L MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  LO PELETE  EN OFFICERS AND DIRECTORS IN 12  LO PELETE  LO PELETE  STITULE  Change  Addition  Change  Change  Change  Addition  Change  |  |   |   |  | <u></u>            |  | FL   T   |
| Change   Date    | office or re<br>agent. I ar                        | egistered agent, or both, in the State of<br>m familiar with, and accept the obligati | f Florida Such change<br>ions of, Section 607.050 | was authorized t<br>5, Florida Statuti | by the corpores.   | ation's board of directors. Thereby accept the   | e appointment as registered                            |
| The Country of the Co | GNATURE .  | Signature luned or ryinted minus of registrand appeal                                 | and the if applicable                             | (NOTE Booklered A)                     | nen s analum son   | united when (einstating)   | DATE   |
| E PD  ZUK, DONALD J  ## 2UK, DONALD J  9441 W. OLYMPIC BOULEVARD  ## BEVERLY HILLS CA 90212  ## UT  LO, PATRICK  9441 W. OLYMPIC BOULEVARD  ## LO, PATRICK  9441 W. OLYMPIC BOULEVARD  ## ET ADDRESS  ## HENKES, JOSEPH P  9441 W. OLYMPIC BOULEVARD  ## HENKES, JOSEPH P  ## HENKES, JOSEPH P  9441 W. OLYMPIC BOULEVARD  ## WOSELEY, WENDELL L MD  ## MOSELEY, WENDELL L MD  ## Addition  ## ONSELEY, HILLS CA 90212  ## ONSELEY, HI | <u> </u>   |   |   |  | gent o grantie rec |  |  |
| EET ADDRESS  9441 W. OLYMPIC BOULEVARD  1.3 STREET ADDRESS  1.4 CITY: 51-7/P  EE  LO, PATRICK  22 NAME  23 STREET ADDRESS  44 CITY: 51-7/P  EET ADDRESS  44 CITY: 51-7/P  EET ADDRESS  45 CITY: 51-7/P  EET ADDRESS  46 CITY: 51-7/P  EET ADDRESS  40  | LE   |   |   |  |                    | TABLET OF THE CALL   |  |
| EET ADDRESS  9441 W. OLYMPIC BOULEVARD  1.3 STRETI ADDRESS  1.4 CITY- \$1-7/P  EE  LO, PATRICK  9441 W. OLYMPIC BOULEVARD  -5T-7/P  -BEVERLY HILLS CA 90212  2 MAME  2 STREET ADDRESS  2.4 CITY- \$1-7/P  EET ADDRESS  8   | ME   | ZUK, DONALD J   |   | 1.2 NAME                               |                    |  |  |
| SEVERLY HILLS CA 90212   14 CITY-SI-7IP  | ſ  | 9441 W. OLYMPIC BOULEVARD   | )   | •                                      | [                  |  |  |
| Thereby certify that the Information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or flictor on this report as in Fusion and indicated and for formation indicated or flictor on this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated or flictor on this report as indicates, and that my signature shall have the same legal effect as if made under cath. That I am as in Block 12 or Block 13 if change or on an attachment with a sidness.   |  | BEVERLY HILLS CA 90212  |   | _ E                                    |                    |  |  |
| BEVERLY HILLS CA 90212  ETADDRESS BEVERLY HILLS CA 90212  Thereby certify that the information supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on his annual report or supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on his annual report or supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of his annual report or supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of his annual report or supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of his annual report or supplied with his living does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information | LE   | VT  | DELET   |  |                    |  | Change Additio   |
| BEVERLY HILLS CA 90212  E  | ME   | LO, PATRICK   |   | 22 NAME                                |                    |  |  |
| BETADDRESS  WENKES, JOSEPH P  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  CARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  63 SIRRET ADDRESS  BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this flying does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information didicated on this annual report or supplemental amplia proport is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of plustee, 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.  | REET ADDRESS                                       | 9441 W. OLYMPIC BOULEVARD   | <b>D</b>  | 2.3 STREE                              | 1 ADDRESS          |  |  |
| HENKES, JOSEPH P  9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  10 DELETE 11 TITLE 1 Change Addition 12 NAME 14 NAME 15 NAME 15 NAME 16 WOSELEY, WENDELL L MD 16 WOSELEY, WENDELL L MD 17 STANAE 18 WOSELEY, WENDELL L MD 18 SEVERLY HILLS CA 90212  18 WOSELEY, WENDELL L MD 18 SEVERLY HILLS CA 90212  19 WC 19 BINEY, ALLAN K MD 19 STANAE 16 STITLE 17 STANAE 18 SEVERLY HILLS CA 90212  18 CHANGES SEVERLY HILLS CA 90212  19 STANAE 19 STREET ADDRESS 19 STREET ADDR | ry-\$1-ZIP   | BEVERLY HILLS CA 90212  |   | 2.4 CITY                               | ·ST-ZIP            |  |  |
| BET ADDRESS (2-ST-ZIP)  BEVERLY HILLS CA 90212  BEVERLY HILLS CA 90212  BET ADDRESS 34_CITY-ST-ZIP  BET MOSELEY, WENDELL L MD  JAME 42 NAME 43 SIREET ADDRESS 44_CITY-ST-ZIP  BEVERLY HILLS CA 90212  BRINEY, ALLAN K MD  JAME BRINEY, ALLAN K MD  JAME BET ADDRESS 44_CITY-ST-ZIP  BEVERLY HILLS CA 90212  EET ADDRESS 44_CITY-ST-ZIP  BEVERLY HILLS CA 90212  EET ADDRESS 45_CITY-ST-ZIP  BEVERLY HILLS CA 90212  EET ADDRESS 64_CITY-ST-ZIP  BEVERLY HILLS CA 90212  EET ADDRESS BEVERLY HILLS CA 90212  EET ADDRESS 64_CITY-ST-ZIP  BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information conficer or director of the corporation or the receiver of roustee 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 a address.   | LE   | 8   | DELETE  | 3.1 TITLE                              |                    |  | Change Additio   |
| BEVERLY HILLS CA 90212    Addition   Delete   De | ME   |   |   | 3.2 NAME                               | [                  |  |  |
| DELETE 41 TITLE 4 1 TITLE 4 2 NAME 4 2 NAME 4 2 NAME 4 3 SIREET ADDRESS A 4 CITY - ST - ZIP BEVERLY HILLS CA 90212 4 Addition by Addition  | REET ADDRESS                                       | 9441 W. OLYMPIC BOULEVARD   | )   | 3.3 STREE                              | T ADDRESS          |  |  |
| MOSELEY, WENDELL L MD  9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  E  VC BRINEY, ALLAN K MD  52 NAME  53 STREET ADDRESS  9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  E  C C DELÉTE  6.) TITLE  E  KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  E  KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  6.2 NAME  6.3 STREET ADDRESS  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 supplied with a 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 of Justee 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 attachmost with an address.  | ry-\$1-21P   | BEVERLY HILLS CA 90212  |   | 3 4, CITY                              | -ST-ZIP            |  |  |
| BEVERLY HILLS CA 90212  EE  VC BRINEY, ALLAN K MD SET ADDRESS 9441 W. OLYMPIC BOULEVARD BE BRINEY, ALLAN K MD SET ADDRESS 9441 W. OLYMPIC BOULEVARD BE BEVERLY HILLS CA 90212  EE  C BE  | LE   | •   | DELETE  | 41 TITLE                               |                    |  | Change Addition  |
| BEVERLY HILLS CA 90212  E  VC  BRINEY, ALLAN K MD  9441 W. OLYMPIC BOULEVARD  BEVERLY HILLS CA 90212  E  C  BEVERLY HILLS CA 90212  E  C  BEVERLY HILLS CA 90212  E  C  BEVERLY HILLS CA 90212  BEVERLY HILLS CA 90212  E  C  BEVERLY HILLS CA 90212  BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 of ustge 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 all address.  | ME   |   |   | 4. 2 NAM                               | : ]                |  |  |
| DELETE 5.1 TITLE 5.2 NAME  SET ADDRESS FAST-ZIP BEVERLY HILLS CA 90212 5.4 CITY-ST-ZIP  EET ADDRESS FAST-ZIP BEVERLY HILLS CA 90212 5.4 CITY-ST-ZIP  EET ADDRESS FAST-ZIP BEVERLY HILLS CA 90212 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or of the corporation or the receiver of fusion 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.   | REET ADDRESS                                       |   | )   | 4.3 STREE                              | T ADDRESS          |  |  |
| BRINEY, ALLAN K MD  9441 W. OLYMPIC BOULEVARD  53 STREET ADDRESS  54 CITY-ST-ZIP  E  C KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  62 NAME  63 STREET ADDRESS  7-ST-ZIP  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 supplieurontal 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 of the corporation or the receiver of ustee 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 at address.  | Y-ST-ZIP   |   |   | 4.4 CITY-                              | ST-ZIP             |  |  |
| BRINEY, ALLAN K MD 9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  E C KARLAN, MITCHELL S MD 9441 W. OLYMPIC BOULEVARD BE ET ADDRESS F-ST-ZIP BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 of the sempowered 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.  | 'LE  |   | DELETE  | 5.1 TITLE                              |                    | D  | Change Addition  |
| SET-ZIP  BEVERLY HILLS CA 90212  E  C  KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  162 NAME  63 STREET ADDRESS  BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 of I justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Block 13 if changed, or on an attachment with an address.  | ME   |   |   | 52 NAME                                |                    | -  |  |
| EE C DELETE 6 ) TITLE  BE KARLAN, MITCHELL S MD  9441 W. OLYMPIC BOULEVARD  16.3 STREET ADDRESS  9441 W. OLYMPIC BOULEVARD  16.4 CITY - ST - ZIP  16.5 STREET ADDRESS  16.4 CITY - ST - ZIP  17.5 ST - ZIP  18.5 ST - ZIP  18.5 ST - ZIP  18.6 STREET ADDRESS  18.6 S | REET ADDRESS                                       |   | )   | 5 9 STREE                              | T ADDRESS          |  |  |
| KARLAN, MITCHELL S MD 9441 W. OLYMPIC BOULEVARD BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 of 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.   | Y-\$T- <i>2</i> IP                                 | BEVERLY HILLS CA 90212  |   | 5.4 CITY-                              | ST-ZIP             |  |  |
| ### ADRESS BEVERLY HILLS CA 90212  Thereby certify that the information supplied with this fling 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 of 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 all address.   | LE   | <del>-</del>  | DELÉTE  | 6.) TITLE                              |                    |  | Change Addition  |
| BEVERLY HILLS CA 90212  1 hereby certify that the information supplied with this thing 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 of the seempowered 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 all address.   | ME   |   | _   | 6.2 NAME                               | 1                  |  |  |
| I hereby certify that the information supplied with this fling 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 of flustee 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 all address.   | REET ADDRESS                                       |   | )   | 6.3 STREE                              | 1 ADDRESS          |  |  |
| indicated on this annual report or supplemental annual report is frue 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 of 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 all address.  | TY-ST-ZIP  |   | Λ   | 6.4 CITY-                              | ST-ZIP             |  |  |
| John die Straffen  | 1. I hereby of                                     | ertify that the information supplied with   | this fling does not qua                           | lify for the exem                      | otion stated i     | in Section 119.07(3)(i), Florida Statutes. I furth   | ner certify that the information                       |
| John So SEL Sen  | officer or o                                       | director of the corporation or the receive  | er dr Fustee empowere                             | d to execute this                      | report as re       | ture shall have the same legal effect as it ma<br>quired by Chapter 607, Florida Statutes; and | de under oath; that I am an<br>that my name appears in |
| IGNATURE: 1/9/88 3:0 551-5900  | Block 12 c   | or Block 13 if changed, or on an attach   | ment with a address.                              |  |                    |  | A. A. B. C. C. M.                                      |
|  | IGNATI   | IIRE:   | Alus I  |  | :                  | 1/9/98 3   | 110 551-5900   |