


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

055323

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90065 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005249**

1. Corporation Name

**7950 SHOALS, INC.**

Principal Place of Business  
**11766 WILSHIRE BLVD., STE. 1270  
LOS ANGELES CA 90025**

Mailing Address  
**11766 WILSHIRE BLVD., STE. 1270  
LOS ANGELES CA 90025**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1997**

4. FEI Number

**95-4654488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **11766 Wilshire Blvd**  
Suite, Apt. #, etc.

22 **Suite 1450**  
City & State

23 **Los Angeles, CA**  
Zip Country

24 **90025** 25 **USA**

2a. Mailing Address  
26 **11766 Wilshire Blvd**  
Suite, Apt. #, etc.

27 **Suite 1450**  
City & State

28 **Los Angeles, CA**  
Zip Country

29 **90025** 30 **USA**

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPPMAN, JAMES M</b>	
STREET ADDRESS	<b>11766 WILSHIRE BLVD., STE. 1270</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90025</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLMES, KEITH T</b>	
STREET ADDRESS	<b>1900 AVE. OF THE STARS, 25TH FL.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90067</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKEE, JOHN S</b>	
STREET ADDRESS	<b>11766 WILSHIRE BLVD., STE. 1270</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90025</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)