

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90060 011 ***150.00

DOCUMENT #

1. Corporation Name

TRIZECHAHN ESPERANTE, INC.

Principal Place of Business

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE400
SAN DIEGO, CA92122-1233

Mailing Address

4350 L.J. VILLAGE DR.
C/O TAX DEPT., STE 400
SAN DIEGO, CA 92122-1233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

36-4187031

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC
1201 HAYS ST
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 PD
NAME CASEY R. WOLD
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

TITLE S
NAME HOLLI G. SALAZAR
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

TITLE V
NAME COLIN J. CHAPIN
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

TITLE VT
NAME JEFFREY D. ECHT
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

TITLE DV
NAME DAVID W. CLAPP
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

TITLE V
NAME ANTONIO B. BISMONTI
STREET ADDRESS 4350 L.J. VILLAGE DR., STE 400
CITY-ST-ZIP SAN DIEGO, CA 92122-1233

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLI G. SALAZAR, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(619) 546-1001

Daytime Phone #

CR2E034 (11/98)