

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

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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90017 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002648

1. Corporation Name
NEIGHBORUS, INC.



Principal Place of Business 1390 NORTH "D" STREET SAN BERNARDINO CA 92405	Mailing Address 1390 NORTH "D" STREET SAN BERNARDINO CA 92405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1998	
21		26		4. FEI Number 95-3571587	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WILLIAMS, AL	1.2 NAME	Norvall, Patrick
STREET ADDRESS	1390 NORTH "D" STREET	1.3 STREET ADDRESS	173 Orange Street
CITY-ST-ZIP	SAN BERNARDINO CA 92405	1.4 CITY-ST-ZIP	Redlands, CA 92373
TITLE	D	2.1 TITLE	D
NAME	FRANKLIN, DEBBIE	2.2 NAME	Peppler, Susan
STREET ADDRESS	495 E. RICON, STE. 200	2.3 STREET ADDRESS	3333 Hyland Avenue
CITY-ST-ZIP	CORONA CA 91719	2.4 CITY-ST-ZIP	Costa Mesa, CA 92626
TITLE	D	3.1 TITLE	D
NAME	HOLMES, STACY	3.2 NAME	Jenkins, Linda
STREET ADDRESS	10768 FOOTHILL BLVD., STE. 100	3.3 STREET ADDRESS	300 North "D" Street
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730	3.4 CITY-ST-ZIP	San Bernardino, CA 92418
TITLE	P	4.1 TITLE	
NAME	HILL, JACK L	4.2 NAME	
STREET ADDRESS	1033 W. 10TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BERNARDINO CA 92411	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	DAVENPORT, LEONARD	5.2 NAME	
STREET ADDRESS	1834 W. 7TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BERNARDINO CA 92411	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S
NAME	NAVARRETE, LOUIS G	6.2 NAME	Navarrete, Luis G.
STREET ADDRESS	573 W. MILL ST.	6.3 STREET ADDRESS	573 West Mill Street
CITY-ST-ZIP	COLTON CA 92324	6.4 CITY-ST-ZIP	Colton, CA 92324

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(909) 884-6891

CR2E034 (11/98)