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

CITY-ST-ZIP

PROFIT ELORIDA DEPARTMENT DE STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 MAR - 3 PM 12: 10 1998 DOCUMENT # G49156 SECRETARY OF STATE TALLAHASSEE, FLORIDA BARRON, BARRON & ROTH, INC. Principal Place of Business Mailing Address 3820 STATE STREET 3820 STATE STREET C/O MARY YUMIBE C/O MARY YUMIBE SANTA BARBARA CA 93106 SANTA BARBARA CA 93105 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2347764 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 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 This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes **™** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C.T. CORPORATION SYSTEM **B1** Name 1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 tice if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition FOCHT, MICHAEL H., SR. NAME 1.2 NAME 3820 STATE STREET STREET ADDRESS 300002448623---03/05/98--01111--012 1.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 1.4 CITY+ST-ZIP SD DELETE TITLE 2.1 TITLE ****150.00 *****150.00tion BROWN, SCOTT M. NAME 2.2 NAME 3820 STATE STREET STREET ADDRESS 2.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MCKAY, MILTON E. NAME 3.2 NAME 3820 STATE STREET STREET ADDRASS 3.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE XX DELETE 4.1 TITLE Change Addition ANDERSONS, MARIS NAME 4. 2 NAME 3820 STATE STREET STREET ADDRESS 4.3 STREET ADDRESS SANTA BARBARA CA 93105 CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition Silver, Richard B. NAME 5.2 NAME 3820 State Street STREET ADDRESS **5.3 STREET ADDRESS** Santa Barbara, CA CITY-ST-ZIP 5.4 City-St-ZIP TITLE DELETE 6.1 TITLE Addition NAME. 6.2 NAME STREET ADDRESS 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 eath; 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.