PROFIT CORPORATION ANNUAL REPORT 1998			FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED			
DOCUMENT # G60889			(4)			98 MAR - 2 PM 12: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
RHPC,							ÀHASSEE Marini	E. FLÖR H um	RIDA Haimi
Principal Place			ading Address		· · · · · · · · · · · · · · · · · · ·		011 B1611 Q1911 011	HIL dir hi 21874 1	
C/O MARY H YUMIBE C/O MARY H YU			/O MARY H YUMIBE ANTA BARBARA CA 9310	YUMIBE		DO NOT WRITE IN THIS SPACE			
US	nut ort water	บั		••		3. Date Incorporated or Qualified 09/22/1983			
2. Principal P	lace of Business	28.	Mailing Address			4. FEI Number			lied For_
Suite, Apt	#, etc.	26	Suite, Apt #, etc.			59-2339918		\$8.75 Ad	Applicable
City & State		[27]	City & State			5. Certificate of Status Desired		Fee Req	ulred
:3]		28	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	25 Count	29 29 29 Ses of Current Regis	Zφ	30 Cot	intry	This corporation owes or has p Personal Property Tax due Jun	e 30. 🔲	Yes 🗱	
CI	CORPORATION SY		tered Agent		81 Name	10. Name and Address of New R	egistereu Ag	jent	
	XX SOUTH PINE ISLA XXTATION FL 33324	AND ROAD			B2 Street Add	dress (P.O. Box Number is Not Accepte	able)		
PU	MINION FL 33324				83				
					84 City		FL	85 Zip Ci	ode
11. Pursuant	to the provisions of Sec	tions 607.0502 and 6	07 1508, Florida Statute	os, the a	bove-named cor	rporation submits this statement for the ation's board of directors. I hereby accept	purpose of c	hanging its	registered
	m familiar with, and acc	cost the obligations s	ini tiotai onongo was a		a by the corpore				ogiatorou
SIGNATURE		sept the obligations to	f, Section 607.0505, Flo	orida Sta	iutes.	and to could be directors. Thereby acce	apt the appoi	THE THE THE	
	Signature, typed or present nar-	e of tegesternal agent and title	if applicable (NOTE	Registere		uited when reinstating)	DATE		
12.			if applicable (NOTE		d Agent signature requ		DATE		
TITLE NAME	P TAYLOR, DENNIS	ne of registered agent and title DEFICERS AND DIREC	il applicable (NOTE 2TORS	13. 1.1.1 1.2.N	d Agent signature requ TLE	uited when reinstating)	DATE	DIRECTORS	IN 12
TITLE NAME STREET ADORESS	P	e of topototic region and the DEFICERS AND DIREC BET	il applicable (NOTE 2TORS	13. 1.1.1 1.2.N 1.3.S	d Agent signature requ TLE AME IREET ADDRESS	uited when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	DIRECTORS Change	IN 12
TITLE NAME	P TAYLOR, DENNIS 3820 STATE STR SANTA BARBARA DVS	ne of registrating and not of the CERS AND DIRECTOR OF THE CERS AND DIRECTOR OF THE CERS AND THE	il applicable (NOTE 2TORS	13. 1.1.1 1.2.N 1.3.S	d Agent eignature requ TLE AME IREE1 ADDRESS ITY-ST-ZIP	uited when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	DIRECTORS Change	IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SYMMO OFFICER OR DIRECTOR

SIGNATURE:

2/25/98 Date 805/563-7075 Daytime Phone # 0527474