FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 14 PM 12:02

DOCUMENT # G74214 (9)

1. Corporation Name
SUNPOINT SERVICES, INC.

Principal Place of Business	Mailing Address
9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311	9200 OAKDALE AVE 7TH FL CHATSWORTH CA 91311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/13/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2356707 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES, MELVIN C 1300 W LANTANA RD LANTANA FL 33462	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, JERRY E.	1.2 NAME	
STREET ADDRESS	9451 CORBIN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHRIDGE CA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	COOROUGH, JOSEPH A	2.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	DEVP	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, MELVIN C	3.2 NAME	
STREET ADDRESS	1300 LANTANA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, STEPHEN F.	4.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	OLIVER, LORRAINE	5.2 NAME	
STREET ADDRESS	9401 OAKDALE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MACKEY, STEPHEN L.	6.2 NAME	
STREET ADDRESS	1300 LANTAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: S.F. Adams Stephen F. Adams (818)775-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403042 FP