

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H64252** (0)

1. Corporation Name  
**THE ADMAR GROUP, INC.**



Principal Place of Business <b>1551 N. TUSTIN 300 SANTA ANA CA 92701 US</b>	Mailing Address <b>1551 N. TUSTIN 300 SANTA ANA CA 92701 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>06/28/1985</b>	4. FEI Number <b>59-2579295</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORAL, RICHARD		12 NAME	Kraig A. Boyen	
STREET ADDRESS	1551 N. TUSTIN, #300		13 STREET ADDRESS	1551 N. TUSTIN AVE #300	
CITY-ST-ZIP	SANTA ANA CA		14 CITY-ST-ZIP	Santa Ana, CA 92701	
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	VPID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAF, THOMAS J		22 NAME	Gary M. Cain	
STREET ADDRESS	711 HIGH ST.		23 STREET ADDRESS	711 High Street	
CITY-ST-ZIP	DES MOINES IA 50392		24 CITY-ST-ZIP	Des Moines, IA 50392	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, RONALD		32 NAME		
STREET ADDRESS	711 HIGH ST.		33 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		34 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, VIRGINIA		42 NAME		
STREET ADDRESS	1551 N. TUSTIN #300		43 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA		44 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, EDWARD		52 NAME		
STREET ADDRESS	1551 N. TUSTIN #300		53 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA		54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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

CR2E034 (10/97)