

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H70021** (1)

1. Corporation Name
SUNSET STRIP CORP.

Principal Place of Business: **2800 28TH STREET STE 222 P.O. BOX 4060 SANTA MONICA CA 33306-1916**
Mailing Address: **2800 28TH STREET STE 222 P.O. BOX 4060 SANTA MONICA CA 33306-1916**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1985** 3a. Date of Last Report: **03/23/1994**
4. FEI Number: **59-2687461** 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 taken the steps required under Chapter 607, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 607.0402 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 responsibilities of Chapter 607, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	GEARY, WILLIAM W. JR.
STREET ADDRESS	2800 28TH STREET STE 222
CITY, STATE, ZIP	SANTA MONICA CA
OFFICE	ST
NAME	CHANG, MARIA, I
STREET ADDRESS	2800 28TH STREET STE 222
CITY, STATE, ZIP	SANTA MONICA CA
OFFICE	AS
NAME	LAVELLE, BARBARA, J
STREET ADDRESS	2800 28TH ST #222
CITY, STATE, ZIP	SANTA MONICA CA
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
OFFICE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn S. Schiebel	
STREET ADDRESS	2800 28th Street, Suite 222	
CITY, STATE, ZIP	Santa Monica, CA 90405	
OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
OFFICE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary E. Meek	
STREET ADDRESS	2800 28th Street, Suite 222	
CITY, STATE, ZIP	Santa Monica, CA 90405	
OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. The filer certifies that the information supplied with this filing is voluntarily furnished and that it is not required by the corporation's charter or by any Florida Statute. I further certify that the information included on this statement is true and correct and that any changes made to this report are also true and correct. I am familiar with and accept the responsibilities of Chapter 607, Florida Statutes, and that my name appears on Block 1 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William W. Geary, Jr., President

4/17/95 (310) 450-9696