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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90030 035 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K88016

1. Corporation Name

NASSAU BAY PROPERTIES, INC.

Principal Place of Business

414 N. CENTRAL AVE.  
GLENDALE CA 91203  
US

Mailing Address

P.O. BOX 1709  
M-726  
GLENDALE CA 91209  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1989

4. FEI Number

65-0137907

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 135 MAIN ST.

26 135 MAIN ST. PRATER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4TH FLR.

27 4TH FLR.

23 SAN FRANCISCO, CA

28 SAN FRANCISCO, CA

City & State

City & State

24 94105

Country

29 94105

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUZANNE WEISS  
115 S.E. 13TH ST., SUITE C  
FT. LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY D. HESS	1.2 NAME	JAMES P. MURRAY
STREET ADDRESS	414 N. CENTRAL AVE.	1.3 STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP	GLENDALE CA	1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. HAYNES	2.2 NAME	ERIC K. KAWAMURA
STREET ADDRESS	414 N. CENTRAL AVE.	2.3 STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP	GLENDALE CA	2.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, J. R. JR	3.2 NAME	VANESSA L. WASHINGTON
STREET ADDRESS	401 N. BRAND BLVD., M-726	3.3 STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP	GLENDALE CA	3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. FINK	4.2 NAME	BLAKENEY A. BOBBITT
STREET ADDRESS	414 N. CENTRAL AVE.	4.3 STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP	GLENDALE CA	4.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MERINDA F. PRATER
STREET ADDRESS		5.3 STREET ADDRESS	135 MAIN ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE:

MERINDA F. PRATER 3/10/99 (415) 904-4634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)