Apr 28, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L59295**

1. Corporation Name

Suite, Apt. #, etc. Suite of Status Desired Suite of Status	QUARTERDECK SELECT CORPORATION			I 10011011 301 01110 18110 11012 18181 0111 31811 1	1811 81814 81811 81811 8 1881 1881
Principal Place of Business Mailing Address 13160 MINDANAO WAY MARINA DEL RAY CA 90/39/9705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/21/1990 2. Principal Place of Business 21 /0701 10/12 Aul 26 1070 70/9 Aul 26 1070 70/9 Aul 4. FEI Number Aprilied For Not Applicab Suite, Apt. #, etc. 5. Certifc ste of Status Desired 59-3009922 Status Desired Fee Required City & State Cuper Country Status Country Status Country Status Country Status Desired Added to Fees 22]	
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Zip Country 24 950	نة ما د	<u> </u>	CA	1	
9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 81 Name 82 Street At dress (P.O. Bo) Number is Not Acceptable) 83 Rain Part			Country	8. This corporation owes the current year in	
9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 81 Name 82 Street At dress (P.O. Bo) Number is Not Acceptable) 83	95014 25 USA	29 95014 30	USA	Persor al Property Tax.	₩Yes □No
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 82 Street Ax dress (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		Registered Agent		10. Name and Address of New Registers d	Agent
526 E. PARK AVENUE TALLAHASSEE FL 32301 82 Street At dress (P.O. Box Number is Not Acceptable) 83			81 Name		
TALLAHASSEE FL 32301 83 84 City FL 85 Zip Code 11 Output to the previous of Sustance 607 0500 and 607 1508. Floride Statutes, the above-parted or providing submits this statement for the purpose of changing its redistered.				dress (P.O. Bo) Number is Not Acceptable)	
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The providing of Cystops 607 0500 and 607 1508. Florida Statutes the above-parted cymoration submits this statement for the purpose of changing its redistered			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or reporation 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.	office ar registered agent, or both, in the State of	:f Florida. Such change was ∃uthor	rized by the corpor?	rporation submi s this statement for the purpose of the statement of the purpose of the statement of the statement for the purpose of the statement for t	changing its registered intment as registered
SIGNATURE	IATURE				
Signature, typed or printed na ne of registered agent and title if applicable. (NOT :: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS ND DIRECTORS IN 12					ND DIRECTORS IN 12
G. Free Control of the Control of th		, On (CO. O. O.			
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STREET ADDRESS 13160 MINDANAO WAY 1.3 STREET ADDRESS 10 201 Torre CITY ST 719 MARINA DEL REY CA 90292 14 CITY-ST-719 CAMERT A. CA 95014	MARINA DEL DEV DA 00000		1.3 STREET ADDRESS	Canalian CA 95014	
M Change Additional Parties Additional Parties			1.4 CITY-ST-ZIP		M Change ☐ Addition
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MARINA DEL DAY OA 20000 070F				" at and	
					Change Addition
NAME LIBUTTI, BARBARA 4.2 NAME & Courville, Art	1				, ,
AS VICE President	1				~

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 or derivation 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

10201

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13160 MANDANAO WAY

MARINA DEL RAY CA 90292-9705

□ DELETE

DELETE

Torre.

Addition

Addition

☐ Change

Change