

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

APPROVED  
AND  
FILED

1998 MAR -2 PM 1: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P09816** (0)

1. Corporation Name  
**NME NEW BEGINNINGS - WESTERN, INC.**

Principal Place of Business  
**3820 STATE STREET  
SANTA BARBARA CA 93105**

Mailing Address  
**% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/17/1986**

4. FEI Number  
**52-1286348**

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

**FL**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P PULLEN, TIMOTHY L</b>	1.2 NAME	
STREET ADDRESS	<b>14001 DALLAS PARKWAY</b>	1.3 STREET ADDRESS	<b>800002446018--2</b>
CITY-ST-ZIP	<b>DALLAS TX 75240</b>	1.4 CITY-ST-ZIP	<b>-03/03/98--01085--021</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>***150.00 ***150.00</b>
NAME	<b>AS LUNDGREN, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BROWN, SCOTT M</b>	3.2 NAME	
STREET ADDRESS	<b>3280 STATE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPS SILVER, RICHARD B</b>	4.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPT MCMULLEN, TERENCE P</b>	5.2 NAME	
STREET ADDRESS	<b>3820 STATE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93105</b>	5.4 CITY-ST-ZIP	
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.

SIGNATURE \_\_\_\_\_ **Richard B. Silver** 2/25/98 805/563-7075

CR2E034 (10/97)