

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P10441** (4)
1. Corporation Name
PACIFIC BROKERAGE SERVICES, INC.

Principal Place of Business 5757 WILSHIRE BLVD. SUITE 3 LOS ANGELES CA 90036	Mailing Address 5757 WILSHIRE BLVD. SUITE 3 LOS ANGELES CA 90036-3629
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/13/1986	3a. Date of Last Report 03/12/1996
24		29		4. FEI Number 95-3037699	Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL 85 Zip Code	
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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	PDT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, STEVEN			1.2 NAME			
STREET ADDRESS	5757 WILSHIRE BLVD., S-3			1.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALLACE, JASON J.			2.2 NAME			
STREET ADDRESS	401 N. MAPLE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BEVERLY HILLS CA			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETRUCCI, ROBERT			3.2 NAME			
STREET ADDRESS	110 WALL ST./14TH FLR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY.			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOLENDINI, ARTHUR A			4.2 NAME			
STREET ADDRESS	5757 WILSHIRE BLVD. S-3			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALLEJO, CHARLEEN			5.2 NAME			
STREET ADDRESS	5757 WILSHIRE BLVD S3			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRUGER, JAMES R			6.2 NAME			
STREET ADDRESS	5757 WILSHIRE BLVD S3			6.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			6.4 CITY-ST-ZIP			

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0501683

CP2E034 (9/96)