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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14844

(5)

**BUSINESS WIRE, A CORPORATION** 

FILED	
Jan 28 1998 8:00am	ì
Secretary of State	

Principal Plac	ce of Business	Mailing Address			. DE POR 14 MINES DE REPORT FENDRALISMENT DE REPORT DE LA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMP
44 MONTGOMERY ST		44 MONTGOMERY STREE	т		
39TH FLOOR		39TH FLOOR			
	SCO CA 94104	SAN FRANCISCO CA 9410	14	DO NOT WRITE IN THI	S SPACE
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>06/16/1987</li> </ol>	
2. Princinal F	Place of Business	2a. Mailing Address	<del> </del>	4. FEI Number	Applied For
21		26		94-1679585	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
<b></b> _	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	CORPORATION SYSTEM		81 Name		Í
	00 S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	ANTATION FL 33324		83		
ĺ			63		
			84 City		85 Zip Code
44 Durayant	to the executations of Captions 607 OF	20 and 607 1509 Elorida Statuta	a the above named ear	poration submits this statement for the purpose	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		,			
O CONTROLLE	Signature, typed or printed name of registered ag		Registered Agent's gnature requi		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	, <del>-</del>	☐ DEL <b>ete</b>	1.1 TITLE		☐ Change ☐ Addition
NAME	LOKEY, LORRY 63 SELBY LN		1.2 NAME		
STREET ADDRESS	ATHERTON CA		1.3 STREET ADDRESS		
CITY-ST-ZIP	VD	DELETE	1.4 CITY-SY-ZIP		Change Addition
	VITORELO, THERESA		2.1 TITLE		Cliquide Clivronnon
NAME STREET ADDRESS	2241 VINEYARD RD.		2.2 NAME		
	NOVATO CA		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	LISSAUER, MICHAEL		3.2 NAME		shango hadded
STREET ADDRESS	29 DEVONSHIRE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLAINVIEW NY		3.4. CITY - ST - ZIP		
TITLE	VD	DELETE	41 TITLE		Change Addition
NAME	TAMRAZ, CATHY BARON	_	4 2 NAME		
STREET ADDRESS	6545 NORTHERN BLVD.		4.3 STREET ADDRESS		
CITY-\$1-ZIP	EAST NORWICH NY		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	51 TITLE		Change Addition
NAME	CUMMINGS, CONSTANCE		5.2 NAME		
STREET ADDRESS	1005 ALAMEDA DELAS PULC	aas	5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		5.4 CITY - \$1 - ZIP		
TITLE	SD	☐ DELÉTÉ	6.1 TITLE		Change Addition
NAMÉ	LOKEY, ANN		6.2 NAME		
STREET ADDRESS	1440 FLORIBUNDA AVENUE,	<b>#104</b>	6.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGME CA		6.4 CITY+ST-ZIP		
	pertify that the information supplied w	ith this filing does not qualify for		Section 119 07(3)(i) Florida Statutes I further i	certify that the information

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 early, 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 chapted, or on an attachment with an address.

SIGNATURE

CSO

1/15/48

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