

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16151 (3)  
1. Corporation Name  
GREAT WESTERN CAPITAL CORPORATION



Principal Place of Business 9401 OAKDALE AVE. MAIL STOP #N 08 14 CHATSWORTH CA 91311-6512	Mailing Address 9401 OAKDALE AVENUE MAIL STOP #N08 14 CHATSWORTH CA 91311-6512 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/29/1987	3a. Date of Last Report 04/02/1996
4. FEI Number 95-4122645	Applied For Not Applicable
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 THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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
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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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEUTHER, CARL	1.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, STEPHEN F	2.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHASWORTH CA 91311	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALCO, MICHAEL J	3.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSON, J L	4.2 NAME	
STREET ADDRESS	9200 OAKDALE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA 91311	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINS, FREDERICK H	5.2 NAME	
STREET ADDRESS	9200 OAKDALE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATSWORTH CA	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, VICKI	6.2 NAME	
STREET ADDRESS	9401 OAKDALE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHASWORTH CA 91311	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 if changed, or on an attachment with an address.

SIGNATURE:  Carl F. Geuther, Director 4/28/97 (818) 775-3436

CR2E034 (9/96)