


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P17862**

(4)

1. Corporation Name

SEABIRD PROPERTIES, INC.



Principal Place of Business

Mailing Address

C/O FDC
4000 MACARTHUR BLVD.
NEWPORT BEACH CA 92660
US

C/O FDC
4000 MACARTHUR BLVD.
NEWPORT BEACH CA 92660
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 4 PARK PLAZA		02/02/1988		03/15/1996	
22 City & State		27 IRVINE, CALIFORNIA		4. FEI Number		Applied For	
23 Zip		28 92614		86-0597678		Not Applicable	
24 Country		29 US		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP XX DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, SAMUEL	1.2 NAME	GREGG, WILLIAM E.
STREET ADDRESS	4000 MACARTHUR BOULEVARD	1.3 STREET ADDRESS	4 PARK PLAZA, IRVINE, CA 92614
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	
TITLE	DVST XX DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAUTGES, JACK	2.2 NAME	MORRIS, RICHARD
STREET ADDRESS	4000 MACARTHUR BOULEVARD	2.3 STREET ADDRESS	4 PARK PLAZA, IRVINE, CA 92614
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYBAL, LARRY	3.2 NAME	FERLO, JOHN T.
STREET ADDRESS	4000 MACARTHUR BOULEVARD	3.3 STREET ADDRESS	4 PARK PLAZA, IRVINE, CA 92614
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	
TITLE	DV XX DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, RICHARD	4.2 NAME	
STREET ADDRESS	4000 MACARTHUR BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY-ST-ZIP	
TITLE	DV XX DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, JANET	5.2 NAME	
STREET ADDRESS	4000 MACARTHUR BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	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 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:

WILLIAM E. GREGG

WILLIAM E. GREGG

7/25/97

(714) 262-7100

CR2E034 (4/97)