

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:55

DOCUMENT # P22683 (7)
1. Corporation Name
MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008 1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/23/1989 3a. Date of Last Report 03/18/1994
4. FEI Number 95-3700598 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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 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

TITLE PTD
NAME BIRD, ALLAN S.
STREET ADDRESS 1935 CAMINO VIDA ROBLE
CITY-ST-ZIP CARLSBAD CA
TITLE V
NAME PATTERSON, RON
STREET ADDRESS 1935 CAMINO VIDA ROBLE
CITY-ST-ZIP CARLSBAD CA
TITLE S
NAME BIRD, MYRNA B.
STREET ADDRESS 1935 CAMINO VIDA ROBLE
CITY-ST-ZIP CARLSBAD CA
TITLE V
NAME VON, RUSTEN J. H.
STREET ADDRESS 1935 CAMINO VIDA ROBLE
CITY-ST-ZIP CARLSBAD CA
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE (DELETE) ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Joshua D. Bird
5.3 STREET ADDRESS 1935 Camino Vida Roble
5.4 CITY-ST-ZIP Carlsbad, CA 92008
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE: John H. von Rusten, V.P.

3-6-95

619-431-9100