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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P25910

1. Corporation Name

Principal Pla	ce of Business	Mailing Address							
22020 MT. ED		22020 MT. EDEN RD							
SARATOGA CA 95070 SARATOGA CA 95070							DO NOT WOITE IN T	UIC CDACE	
			*		· -	3. Date Incorporate	DO NOT WRITE IN T	HIS SPACE	
					'	09/05/1989	ed of Quameu		
2. Principal l	Place of Business	2a. Mailing Address			4	. FEI Number	• •	: Aș	oplied For
21		26				94-2239356		No	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		,	6	5. Certifcate of Sta	tus Desired		Additional equired
City & Sta	te	City & State			- 6	5. Election Campai	ion Financino —	\$5.00	May Be
23		28			'	Trust Fund Cont	• • • III	•	to Fees
Zip	Country	Zip	Countr	у	8	3. This corporation	owes the current year	Intangible	
24	25	29	30			Personal Proper	ty Tax.	☐Yes	□No
	9. Name and Address of Curr			,), Name and Add	ress of New Register	ed Agent	
LVC	N DOLE		81	Name	•		• •		•
LYC	ON, ROLF 05 FOSS GROVE PATH		82	2 Street	Address	P.O. Box Number	is Not Acceptable)		*********
120						Contract of the second states of the tenter of the second sector to the second sector of the second second			
ING	LIS FL 34449		83	3					
	•		84	4 City		. 57 . 73; (45)	H-831 01316 17 WH 41814 DE 1 H	85 Zip	Code
name to me	en a n	Bridge is a second to the	1],			F		
agenti.a	am familiar with, and accept the obli	502 and 607.1508, Florida Statut te of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized by rida Statute:	y the corp s.	oration's t	board of directors.	I hereby accept the ap	pointment as re	egisterea
agent	am familiar with, and accept the obli	agant and title if applicable. (NOTE	: Registered Age	s.		n reinstating)	DATE	·	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	am familiar with, and accept the obli- Signature, typed or printed name of registered of OFFICERS	gations of, Section 607.0505, Fio agent and title if applicable. (NOTE AND DIRECTORS	: Registered Age	s.		n reinstating)		AND DIRECTO	
SIGNATURE 12.	Signature, typed or printed name of registered in OFFICERS	agant and title if applicable. (NOTE	: Registered Age	s. ent signature		n reinstating)	DATE	·	· · · · · · · · · · · · · · · · · · ·
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS P PATTERSON F. JEFFREY	gations of, Section 607.0505, Fio agent and title if applicable. (NOTE AND DIRECTORS	: Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature	required wher	n reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. P PATTERSON F. JEFFREY 22020 MT EDEN	gations of, Section 607.0505, Fio agent and title if applicable. (NOTE AND DIRECTORS	: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature ET ADDRESS	required wher	n reinstating)	DATE	AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA	gations of, Section 607.0505, Flo	Registered Age 13. 11 TITLE 1.2 NAME 1.3 STREE	s. ent signature ET ADDRESS	required wher	n reinstating)	DATE	AND DIRECTO	DRS IN 12 '
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D	gations of, Section 607.0505, Fio agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE	s. ent signature ET ADDRESS ST-ZIP	required wher	n reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG	gations of, Section 607.0505, Flo	13. 1.1 TITLE 1.2 NAME 1.4 CITY-5 2.1 TITLE 2.2 NAME	s. ent signature ET ADDRESS ST-ZIP	required when	n reinstating)	DATE	AND DIRECTO	DRS IN 12 '
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD	gations of, Section 607.0505, Flo	: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY - 5 2.1 TITLE 2.2 NAME 2.3 STREE	s. ent signature et ADDRESS st-ZIP	required when	n reinstating)	DATE	AND DIRECTO	DRS IN 12 '
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA	gations of, Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	s. ent signature et ADDRESS st-ZIP	required when	n reinstating)	DATE	AND DIRECTO Change	ORS IN 12 ' Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA	gations of, Section 607.0505, Flo	: Registered Age 13. 1.1 TITLE 1.2 NAME 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	s. ert Address st-Zip ert Address st-Zip	required when	n reinstating)	DATE	AND DIRECTO	DRS IN 12 '
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PATTERSON, ELEANOR DAV	gations of, Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when	n reinstating)	DATE	AND DIRECTO Change	ORS IN 12
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT, EDEN RD.	gations of, Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when	n reinstating)	DATE	AND DIRECTO Change	ORS IN 12 ' Addition
AGENTATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT, EDEN RD. SARATOGA CA	gations of, Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required when	n reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT, EDEN RD. SARATOGA CA VD	gations of, Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ert Address st-zip ert Address st-zip ert Address st-zip	required when	n reinstating)	DATE	AND DIRECTO Change Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	PATTERSON, ELEANOR DAVE 2020 MT, EDEN RD. SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAVE 2020 MT, EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY	gations of, Section 607.0505, Flo significant and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ert Address st-zip ert Address st-zip ert Address st-zip	required when	n reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PATTERSON, ELEANOR DAVE 22020 MT. EDEN RD. SARATOGA CA PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD.	gations of, Section 607.0505, Flo significant and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	et address st-zip et address st-zip et address st-zip et address st-zip	required when	a reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA 22020 MT EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA SARATOGA CA	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE The Delete of De	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 STREE	et address st-zip et address st-zip et address st-zip et address st-zip	required when	a reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA DC	gations of, Section 607.0505, Flo significant and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.1 TITLE 5.1 TITLE	ET ADDRESS ST-ZIP	required when	a reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	PATTERSON F. JEFFREY SARATOGA CA DOSACRAMENTO CA PATTERSON, F. JEFFREY SARATOGA CA DOSACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT. EDEN RD. SARATOGA CA VD. PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA VD. PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA DC HAGEN, D. NEIL	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE The Delete of De	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.1 TITLE 5.2 NAME	et address st-zip et address st-zip et address st-zip et address st-zip	required when	a reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT, EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT, EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT, EDEN RD. SARATOGA CA DC HAGEN, D. NEIL 6001 POWER INN RD.	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ert Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP	required when	ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT. EDEN RD. SARATOGA CA DC HAGEN, D. NEIL 6001 POWER INN RD. SACRAMENTO CA	gations of, Section 607.0505, Flo significant and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.5 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.5 STREE 5.4 CITY- 5.5 STREE	ert Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP	required when	a reinstating)	NGES TO OFFICERS	AND DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PATTERSON F. JEFFREY 22020 MT EDEN SARATOGA CA D SUTHERLAND, DOUG 6001 POWER INN RD SACRAMENTO CA PATTERSON, ELEANOR DAV 22020 MT, EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT, EDEN RD. SARATOGA CA VD PATTERSON, F. JEFFREY 22020 MT, EDEN RD. SARATOGA CA DC HAGEN, D. NEIL 6001 POWER INN RD.	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ert Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP ET Address ST-ZIP	required when	ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition

14. I 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

450 HOPKINS

SACRAMENTO CA

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90058 035 ***150.00