

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27185** (8)

1. Corporation Name
HOLMES & NARVER, INC.



Principal Place of Business: **999 TOWN & COUNTRY ROAD ORANGE CA 92668**
Mailing Address: **999 TOWN & COUNTRY ROAD ORANGE CA 92668**

3. Date Incorporated or Qualified: **12/07/1989**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **95-1599514**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD <input type="checkbox"/> DELETE	NAME: BOUCHARD, RICHARD J.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3250 WILSHIRE BLVD.	CITY-ST-ZIP: LOS ANGELES CA	1.2 NAME	
TITLE: PD <input type="checkbox"/> DELETE	NAME: STACHO, ZOLTAN A.	1.3 STREET ADDRESS	
STREET ADDRESS: 999 TOWN & COUNTRY RD.	CITY-ST-ZIP: ORANGE CA	1.4 CITY-ST-ZIP	
TITLE: VST <input type="checkbox"/> DELETE	NAME: SMITH, DOUGLAS D	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 999 TOWN AND COUNTRY RD.	CITY-ST-ZIP: ORANGE CA	2.2 NAME	
TITLE: ATAS <input type="checkbox"/> DELETE	NAME: DESLATTE, DENNIS A	2.3 STREET ADDRESS	
STREET ADDRESS: 999 TOWN AND COUNTRY RD	CITY-ST-ZIP: ORANGE CA	2.4 CITY-ST-ZIP	
TITLE: VDAT <input type="checkbox"/> DELETE	NAME: CLARKE, MARK C.	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 999 TOWN & COUNTRY RD.	CITY-ST-ZIP: ORANGE CA	3.2 NAME	
TITLE: V <input type="checkbox"/> DELETE	NAME: POLLET, JOHN E.	3.3 STREET ADDRESS	
STREET ADDRESS: 999 TOWN & COUNTRY ROAD	CITY-ST-ZIP: ORANGE CA	3.4 CITY-ST-ZIP	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Holmgren, Jon S.
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis A. Deslatte **Dennis A. Deslatte** 04/18/96 714-567-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)