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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # <b>P29707</b>	' (7)			
	UM INDUSTRIES CALIFORN	IA, INC.			
				: 12011101 110 31010 1011 10011 00110 1011 11011 31011	<u> </u>
Principal Place	o of Business	Mailing Address			
		J			
		3380-A COFFEY LANE SANTA ROSA CA 95403			
				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	ace of Business	2a. Mailing Address		06/11/1990 4. FEI Number	Applied For
21		26		94-2392804	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b, Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> ] Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	B. This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Register	
CT	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)	<del></del>
PLA	INTATION FL 33324				
			83		
			84 City		85 Zip Code
11 Pursuant t	a the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above-named		
office or re	egistered agent, or both, in the State of	of Florida, Such change was a	authorized by the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	appointment as registered
	in animal with, and accept the obligat	ions of, section box asos, ric	mua Statules.		
SIGNATURE	Signature, typed or printed hame of registered agent	and little if applicable (NOTI	L Registered Agent signature	required when reinstating) DAT	€.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD CARY I	L DELETE	1.1 TITLE	SECRETARY	Change X Addition
NAME	Franklin, gary L. 3360-a Coffey Lane		1.2 NAME	KING, DANIEL G.	
STREET ADDRESS	SANTA ROSA CA		1.3 STREET ADDRESS	3360A COFFEY LANE	) DE
CITY-ST-ZIP TITLE	AS	DELET <b>E</b>	1.4 CITY - ST - ZIP 2.1 TITLE	SANTA ROSA, CA 95403-199	Change Addition
NAME	PIEKARA, DEANE MATTHEW	_	2.2 NAME		
STREET ADDRESS	5786 SUN POINT CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	AMERLAN, RAYMOND J.		3.2 NAME		i
STREET ADDRESS	3360A COFFEY LANE		3 3 STREET ADDRESS		i
CITY-ST-ZIP	SANTA ROSA CA VP	DELETE	3.4. CHY-SY-ZIP		Change Addition
TITLE	BARONET, BARRY P.	F"1 nereit	4 1 TITLE 4 2 NAME		ET ANOUIOH
NAME STREET ADDRESS	10909 SABO RD SUITE 222		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP		
TITLE	VP	DELETE	5.1 TITLE		Change Addition
NAME	FALLIS, WILLARD J.		5.2 NAME		
STREET ADDRESS	3360A COFFEY LANE		5.3 \$1REE1 ADDRESS		
CITY-ST-ZIP	SANTA ROSA CA		5.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		Change Addition
NAME	MANGOSH, THEODORE N.		6.2 NAME		
STREET ADDRESS	7225 SOWUL DRIVE		6.3 STREET ADDRESS		
PUTY OF TIO	rational attended to the		■ C 4 OLTV O1 710		

14. Thereby 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 of changed, or on an attachment with an address.

**FILED** 

Jan 29 1998 8:00am

Secretary of State