



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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P32338 (6) 1. Corporation Name OPERATION CALIFORNIA, INC.					
Principal Place of Business 8320 MELROSE AVENUE SUITE 200 LOS ANGELES CA 90069			Mailing Address 8320 MELROSE AVENUE SUITE 200 LOS ANGELES CA 90069		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-3504080	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARRY, BETTY LOU 7574 MARTINIQUE BLVD. BOCA RATON FL 33433				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	D <input type="checkbox"/> DELETE				
NAME	LARSEN, GARY				
STREET ADDRESS	4004 COUNTRY CLUB DR.				
CITY-ST-ZIP	LAKEWOOD CA				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	WALDEN, RICHARD				
STREET ADDRESS	927 BURNSIDE AVE.				
CITY-ST-ZIP	LOS ANGELES CA				
TITLE	D <input type="checkbox"/> DELETE				
NAME	ADAMS, TONY				
STREET ADDRESS	11777 SAN VICENTE BL. 520				
CITY-ST-ZIP	LOS ANGELES CA				
TITLE	D <input type="checkbox"/> DELETE				
NAME	EDWARDS, BLAKE				
STREET ADDRESS	11777 SAN VICENTE BLVD				
CITY-ST-ZIP	LOS ANGELES CA				
TITLE	D <input type="checkbox"/> DELETE				
NAME	EDWARDS, JULIE ANDREWS				
STREET ADDRESS	11777 SAN VICENTE BLVD.				
CITY-ST-ZIP	LOS ANGELES CA				
TITLE	CD <input type="checkbox"/> DELETE				
NAME	JONATHAN ESTRIN				
STREET ADDRESS	2919 GRAND CANAL				
CITY-ST-ZIP	VENICE CA 90291				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
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 type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
JONATHAN ESTRIN 938 12th ST. APT. 201 SANTA MONICA, CA 90403					
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					
SIGNATURE:  4/29/98 213-615-2020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0525835					

CR2E034 (10/97)