

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90094 022 ***150.00

DOCUMENT # P32338

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1990

4. FEI Number

95-3504080

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BARRY, BETTY LOU
7574 MARTINIQUE BLVD.
BOCA RATON FL 33433**

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 ☐ DELETE

NAME **D
LARSEN, GARY**
STREET ADDRESS **4004 COUNTRY CLUB DR.**
CITY-ST-ZIP **LAKEWOOD CA**

TITLE ☐ DELETE

NAME **PD
WALDEN, RICHARD**
STREET ADDRESS **927 BURNSIDE AVE.**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ DELETE

NAME **D
ADAMS, TONY**
STREET ADDRESS **11777 SAN VICENTE BL. 520**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ DELETE

NAME **D
EDWARDS, BLAKE**
STREET ADDRESS **11777 SAN VICENTE BLVD**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ DELETE

NAME **D
EDWARDS, JULIE ANDREWS**
STREET ADDRESS **11777 SAN VICENTE BLVD.**
CITY-ST-ZIP **LOS ANGELES CA**

TITLE ☐ DELETE

NAME **CD
JONATHAN ESTRIN**
STREET ADDRESS **938 12TH STREET #201**
CITY-ST-ZIP **SANTA MONICA CA 90403**

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

☐ 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

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/99 323-658-8874

CR2F034 (1/198)