

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

FILED
May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34903

1. Corporation Name
ST. JOHN KNITS, INC.

Principal Place of Business
2722 MICHELSON DR.
IRVINE CA 92612
US

Mailing Address
2722 MICHELSON DR.
IRVINE CA 92612
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1991	
21		26		4. FEI Number 95-2245070	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	0,5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, BOB	1.2 NAME	MARIE GRAY
STREET ADDRESS	17422 DERIAN AVENUE	1.3 STREET ADDRESS	17422 DERIAN AVE
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	IRVINE, CA 92614
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKEL, DAVID	2.2 NAME	KARLA GUYER
STREET ADDRESS	17422 DERIAN AVENUE	2.3 STREET ADDRESS	17422 DERIAN AVE
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	IRVINE, CA 92614
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYM KELLY	3.2 NAME	ROBERT DAVIS
STREET ADDRESS	17422 DERIAN AVE	3.3 STREET ADDRESS	17422 DERIAN AVE
CITY-ST-ZIP	IRVINE CA 92614	3.4 CITY-ST-ZIP	IRVINE, CA 92614
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FETTER, BRUCE	4.2 NAME	DAVID KORSKY
STREET ADDRESS	17422 DERIAN AVENUE	4.3 STREET ADDRESS	17422 DERIAN AVE
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	IRVINE, CA 92614
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPPERT, ROGER G	5.2 NAME	DANIEL THOMAS REINER
STREET ADDRESS	2722 MICHELSON DR.	5.3 STREET ADDRESS	17422 DERIAN AVE.
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	IRVINE, CA 92614
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GADBOIS, RICHARD	6.2 NAME	MARK R. GOLDSTON
STREET ADDRESS	4695 MACARTHUR CT., SUITE 1600	6.3 STREET ADDRESS	17422 DERIAN AVE.
CITY-ST-ZIP	NEWPORT BCH CA	6.4 CITY-ST-ZIP	IRVINE, CA 92614

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

ROGER G. RUPPERT

4/27/99

Date

(949) 863-1171

Daytime Phone #

CR2E034 (11/98)

0553533