

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 # **P37558** (4)

1. Corporation Name

ROBERT BEIN, WILLIAM FROST & ASSOCIATES INC.



Principal Place of Business

**14725 ALTON PARKWAY
IRVINE CA 92718**

Mailing Address

**P O BOX 57057
IRVINE CA 92619-7057
US**

3. Date Incorporated or Qualified

02/14/1992

3a. Date of Last Report

02/07/1995

4. FEI Number

95-2247293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWELL, PATRICK C.
320 N MAGNOLIA
S-B9
ORLANDO FL 32801**

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 (if not 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 ☐ DELETE

NAME **CP
BEIN, ROBERT W.
14725 ALTON PARKWAY
IRVINE CA**

TITLE ☐ DELETE

NAME **VSD
LIGHT, JACK R.
14725 ALTON PKWY
IRVINE CA**

TITLE ☐ DELETE

NAME **D
MCDONALD, JAMES E
14725 ALTON PKWY
IRVINE CA**

TITLE ☐ DELETE

NAME **D
KALLENBAUGH, S. ROBERT
14725 ALTON PKWY
IRVINE CA**

TITLE ☐ DELETE

NAME **T
FROST, DOUGLAS J.
14725 ALTON PKWY
IRVINE CA**

TITLE ☐ DELETE

NAME **D
CRAWFORD, J. R
14725 ALTON PKWY
IRVINE CA**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

Douglas J. Frost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(714) 472-3505

Date

Daytime Phone #

CR2E034 (12/95)