

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

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Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1992		3a. Date of Last Report 01/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-2247293		Applied For Not Applicable	
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		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CROWELL, PATRICK C.
320 N MAGNOLIA
S-89
ORLANDO FL 32801**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIN, ROBERT W.	1.2 NAME	
STREET ADDRESS	14725 ALTON PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, JACK R.	2.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JAMES E	3.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLENBAUGH, S. ROBERT	4.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, DOUGLAS J.	5.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, J. R	6.2 NAME	
STREET ADDRESS	14725 ALTON PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	6.4 CITY-ST-ZIP	

14. I do 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:

Douglas J. Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

(714)472-3505

Date

Daytime Phone #

CR2E034 (9/96)