

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:32

**DOCUMENT # P37782 (0)**

1. Corporation Name  
**STORE, MATAKOVICH & WOLFBERG, INC.**

Principal Place of Business Mailing Address  
**1180 DURFEE AVENUE POST OFFICE BOX 3667  
SUITE 250 SOUTH EL MONTE CA 91733  
SOUTH EL MONTE CA 91733 US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/03/1992** 3a. Date of Last Report **08/09/1994**

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

4. FEI Number **95-2276171** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and 1994 Approver) (803) Registered Agent signature required when reconstituting

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b>
NAME	<b>STORE, JOHN D.</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>
TITLE	<b>DP</b>
NAME	<b>WOLFBERG, HOWARD A.</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>
TITLE	<b>V</b>
NAME	<b>MARGOSIAN, ALBERT N.</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>
TITLE	<b>S</b>
NAME	<b>SINHA, MANOJIT</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>
TITLE	<b>T</b>
NAME	<b>KEYFAUVER, KEVIN L.</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>
TITLE	<b>D</b>
NAME	<b>HEFFERLY, GERALD E.</b>
STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
CITY ST ZIP	<b>SOUTH EL MONTE CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>M RICH, LEONARD B.</b>
5.3 STREET ADDRESS	<b>1180 DURFEE AVENUE, SUITE 250</b>
5.4 CITY ST ZIP	<b>SOUTH-EL-MONTE, CA</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

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 110.07(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: Manojit Sinha June 8, 1995 (818) 350-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)  
**Manojit Sinha**

CR2E034 (3/95)