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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38966

(8)

1. Corporation Name

ARB, INC. OF CALIFORNIA

Principal Place of Business

14409 PARAMOUNT BLVD
PARAMOUNT CA 90723
US

Mailing Address

14409 PARAMOUNT BLVD
PARAMOUNT CA 90723-3418
US



3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

07/30/1996

4. FEI Number

95-2159777

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE PD ☐ DELETE

NAME PRATT, BRIAN E.
STREET ADDRESS 1255 TAM O'SHANTER
CITY-ST-ZIP BAKERSFIELD CA

TITLE V ☐ DELETE

NAME FREDENBURG, JOHN R.
STREET ADDRESS 14409 PARAMOUNT BLVD
CITY-ST-ZIP PARAMOUNT CA

TITLE TS ☐ DELETE

NAME SCHAUERMAN, JOHN P
STREET ADDRESS 14409 PARAMOUNT BLVD
CITY-ST-ZIP PARAMOUNT CA

TITLE CFO ☐ DELETE

NAME BIEBRICH, EDWARD
STREET ADDRESS 14409 PARAMOUNT BLVD
CITY-ST-ZIP PARAMOUNT CA

TITLE V ☐ DELETE

NAME SIMONSON, IRA R.
STREET ADDRESS 3913 EVELYN DRIVE
CITY-ST-ZIP BAKERSFIELD CA

TITLE TS ☒ DELETE

NAME BIEBRICH, EDWARD
STREET ADDRESS 14409 PARAMOUNT BLVD
CITY-ST-ZIP PARAMOUNT CA

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 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:

John P. Schauerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

(310) 601-4523

Date

Daytime Phone #

CR2E034 (9/96)