SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED:

96 DEC 13 AM 11:15

1996

DOCUMENT # P95000035741 (4)

1. Corporation Name P95000035741 (4)					SECRETARY OF STATE TALLAHASSEE, FLORIDA
WEST STATES INVESTMENTS, INC.				TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					
					DEMOTATERACAIT A
4943 LA SIERRA AVENUE RIVERSIDE CA 92505 RIVERSIDE CA 92505 RIVERSIDE CA 92505					REINSTATEMENT OLD
				3. Date Incorporated or Qualified 3a. Date of Last Report 5/08/1995	
	ace of Business	2a. Mailing Address			4. FEI Number Applied For 33-0687098 Not Applicable
21 Suite, Apt. #. etc.		Suite, Apt. #, etc.			S8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip Country		Zip Country		try	B. This corporation has liability for intangible tax under s. 199.032,
24	25		0		Florida Statutes Yes X No
	9. Name and Address of Current	Registered Agent		Namo 💋	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 81 Name Ro					BERT M. FRIESMUTH
1201 HAYS STREET 82 Street A				Street Addre	ess (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-2525				3 /2-	24 S. W. 119 Temper
			١,	34 City	85 Zip Code
Mana EL 133186					
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.					
agent. 1 ar			da Statut	7 201	10 /100
SIGNATURE	Signature, typed or printed name of registered agon	s and tritle f applicable (NOTE:	Registered	Agent signature require	od whom reinstating) DATE DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT		Change Addition
HAME	Tulente III, o. III.		1.2 NAJ	- 1	
STREET ADDRESS	4943 LA SJERRA AVENUE RIVERSIDE CA 92505			EET ADDRESS	5000020302050 -12/17/9601040022
CITY-ST-ZIP TITLE	HIVEHOIDE CA 82000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		****375.00 *****375.00
NAME			22 NAME		*************************************
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	
TITLE		DELETE 3.1 TO		E	Change Addition
NAME			32 NA		
STREET ADDRESS			1	RET ADDRESS	$\gamma \cdot \hat{q} \hat{k}$
CITY - ST - 7IP	• • • • • • • • • • • • • • • • • • • •	DELETE	3.4. CT	Y-ST-ZIP	Change Addition
NAME		<u> </u>	4.2 NA		المستعدد لي
STREET ADDRESS				LET ADDRESS	
CITY - ST - ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 TIT	Œ	Change Addition
KAME \$			5.2 NA	ME	
STREET ADORESS			Я	ELET ADDRESS	
CITY-ST, ZIP		DELETE	5.4 CIT	Y-ST-ZIP	Change Addition
TITLE NAME			62 NA	_	
STREET ADDRESS			_	REET ADDRESS	Who is all
CITY-ST-ZIP			N N	Y-ST-ZIP	4012-10-10
14 Ldo herel	by cartify that the information supplied	with this filing is voluntarily furn	nished or	does not much	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 1
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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					