

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90005 023 ***550.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038957

1. Corporation Name

FIVE HOLE, INC.

Principal Place of Business

1250 4TH STREET
5TH FLOOR
SANTA MONICA CA 90401
US

Mailing Address

1250 4TH STREET
5TH FLOOR
SANTA MONICA CA 90401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

95-4550990

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **2737 EAST COAST HWY**

2a. Mailing Address

26 **2737 EAST COAST HWY**

Suite, Apt. #, etc.

22 **SUITE A**

Suite, Apt. #, etc.

27 **SUITE A**

City & State

23 **CORONA DEL MAR, CA**

City & State

28 **CORONA DEL MAR, CA**

Zip

24 **92625**

Country

25 **USA**

Zip

29 **92625**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
N PALM BEACH FL 33408**

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 CP ☐ DELETE

NAME **DAVIS, LEONARD G**
STREET ADDRESS **742 PATTERSON PLACE**
CITY-ST-ZIP **PACIFIC PALISADES CA 90272**

TITLE ☒ DELETE

NAME **FRIEDLAND, LLOYD**
STREET ADDRESS **350 OLD COUNTRY ROAD**
CITY-ST-ZIP **GARDEN CITY FL 11530**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **(SECRETARY) S** ☐ Change ☒ Addition

1.2 NAME **KEN HUBBEX**

1.3 STREET ADDRESS **206 SIENNA HILL TERR. SW**

1.4 CITY-ST-ZIP **CALGARY, ALBERTA, CANADA T3H 2Y9**

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 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 a true address.

SIGNATURE:

SIGNATURE REQUIRED

8/23/99

949-703-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)