

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000060622 (4)

1. Corporation Name

ORNDA OF SOUTH FLORIDA HOLDINGS, INC.

Principal Place of Business

% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address

% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

FILED

98 MAR -4 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0482175	
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SO. 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR	1.2 NAME	
STREET ADDRESS	3820 STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	BROWN, SCOTT M	2.2 NAME	
STREET ADDRESS	3820 STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	2.4 CITY-ST-ZIP	
TITLE	VCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETTER, TREVOR	3.2 NAME	
STREET ADDRESS	3820 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	3.4 CITY-ST-ZIP	
TITLE	VI	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	4.2 NAME	
STREET ADDRESS	3820 STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDGREN, ALAN	5.2 NAME	
STREET ADDRESS	3820 STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93105	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE

Alan Lundgren

2/26/98

805/563-7075

CR2E034 (10/97)