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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000014400

Principal Place of Business	Mailing Address
3115 OCEAN FRANT WALK SUITE 301 MARINA DEL REY CA 80292	3115 OCEAN FRANT WALK SUITE 301 MARINA DEL REY CA 90292
. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc	Suite, Apt. #, etc.

FILED May 04 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 4. FEI Number Applied For 58-2221184 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zıp Country Country Zip This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, TITLE DELETE 1.1 TITLE Change Addition MERKIN, RICHARD NAME 1.2 NAME 3115 OCEAN FRONT WALK STE 301 STREET ADDRESS 1.3 STREET ADDRESS MARINA DEL REY CA CITY-ST-ZIP 1.4 CiTY-ST-7iP DELETÉ TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-\$1-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tinnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in nort filth an address. I hereby certify that the information supplied indicated on this annual report or supplied. officer or director of the corporation or Block 12 or Block 13 if changed, or on

SIGNATURE:

Richard Merkin

4-23-98 310/823-5250

CR2E034