

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90234 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000055053

1. Corporation Name

✓ FPA ACQUISITION CORPORATION

Principal Place of Business

3636 NOBEL DR  
200  
SAN DIEGO CA 92122  
US

Mailing Address

3636 NOBEL DR  
200  
SAN DIEGO CA 92122  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

33-0745250

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5835 BLUE LAGOON DR.

Suite, Apt. #, etc.

22 4th Floor

23 MIAMI, FL

City & State

24 33126

Zip

25 U.S.

Country

2a. Mailing Address

26 5835 BLUE LAGOON DR.

Suite, Apt. #, etc.

27 4th Floor

28 MIAMI, FL

City & State

29 33126

Zip

30 U.S.

Country

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.

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DRESNICK, STEPHEN J MD

STREET ADDRESS 5835 BLUE LAGOON DR

CITY-STATE-ZIP MIAMI FL 33126

TITLE DTVP ☒ DELETE

NAME KERNER, DOUGLAS E

STREET ADDRESS 3636 NOBEL DR STE 200

CITY-STATE-ZIP SAN DIEGO CA 92122

TITLE DSVP ☐ DELETE

NAME LEBOVITZ, JAMES A

STREET ADDRESS 3636 NOBEL DR STE 200

CITY-STATE-ZIP SAN DIEGO CA 92122

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE DTVP ☐ Change ☒ Addition

2.2 NAME GREENMAN, JACK, S.

2.3 STREET ADDRESS 5835 BLUE LAGOON DRIVE

2.4 CITY-STATE-ZIP MIAMI, FL 33126-2007

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Date

Daytime Phone #

4/21/99

(305) 477-1877

CR2E034 (11/98)