

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

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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091971 (7)**
1. Corporation Name
FAR WEST BOND SERVICES OF FLORIDA, INC.



Principal Place of Business ONE URBAN CENTRE, SUITE 540 4830 WEST KENNEDY BOULEVARD TAMPA FL 33609	Mailing Address P.O. BOX 4500 ATTN: TAX MANAGER WOODLAND HILLS CA 91365-4500 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 P.O. Box 4500
22 City & State	27 Suite, Apt. #, etc Attn: Tax Manager
23 Zip	28 City & State Woodland Hills, CA
24 Country	29 Zip 91365-4500
25 Country	30 Country US

3. Date Incorporated or Qualified 11/06/1996	
4. FEI Number 65-3416815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 MURRAY, STEPHEN ONE URBAN CENTRE, SUITE 540 4830 WEST KENNEDY BOULEVARD TAMPA FL 33609
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	SAVAGE, JOHN E
STREET ADDRESS	7555 E. HAMPDEN AV., #300, TAMARAC PLAZA I
CITY-ST-ZIP	DENVER CO
TITLE	NAME
TS	BERGER, NEIL H.
STREET ADDRESS	7555 E HAMPDEN AVE #300, TAMARAC PLAZA I
CITY-ST-ZIP	DENVER CO
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	5230 Las Virgenes Road
1.4 CITY-ST-ZIP	Calabasas, CA 91302
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	5230 Las Virgenes Road
2.4 CITY-ST-ZIP	Calabasas, CA 91302
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	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 an address.

SIGNATURE: *John E. Savage* John E. Savage, President 2/26/98 (818)871-2000

CR2E034 (10/97)