

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S17259**

1. Corporation Name

AMISUB (FLORIDA VENTURES), INC.

Principal Place of Business

**3820 State Street
Santa Barbara, CA 93105**

Mailing Address

**c/o Mary H. Yumibe
3820 State Street
Santa Barbara, CA 9310**

3. Date Incorporated or Qualified
12/10/90

3a. Date of Last Report
1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

76-0325090

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

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
officer 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, and 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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

Michael H. Focht, Sr.

STREET ADDRESS

**3820 State Street
Santa Barbara, CA 93105**

CITY-ST-ZIP

TITLE

EVP/CFO

☐ DELETE

NAME

Trevor Fetter

STREET ADDRESS

**3820 State Street
Santa Barbara, CA 93105**

CITY-ST-ZIP

TITLE

SVP/S/D

☐ DELETE

NAME

Scott M. Brown

STREET ADDRESS

**3820 State Street
Santa Barbara, CA 93105**

CITY-ST-ZIP

TITLE

V/T

☐ DELETE

NAME

Terence P. McMullen

STREET ADDRESS

**3820 State Street
Santa Barbara, CA 93105**

CITY-ST-ZIP

TITLE

AS

☐ DELETE

NAME

Alan Lundgren

STREET ADDRESS

**3820 State Street
Santa Barbara, CA 93105**

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do 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

Scott M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Brown, Secretary

4/24/97

Date

805/563-7075

Daytime Phone #

FILED

97 APR 28 AM 7:03

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

CR2E034 (9/96)