

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 828149 (5)

1. Corporation Name  
 DANIEL, MANN, JOHNSON, & MENDENHALL



Principal Place of Business  
 3250 WILSHIRE BLVD  
 LOS ANGELES CA 90010

Mailing Address  
 3250 WILSHIRE BLVD  
 LOS ANGELES CA 90010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 06/14/1972

4. FEI Number  
 95-2084998

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 660 EAST JEFFERSON STREET  
 TALLAHASSEE FL 32301

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AGOPOVICH, MOSES B	
STREET ADDRESS	275 W HOSPITALITY LN 314	
CITY-ST-ZIP	SAN BERNARDINO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLDSWORTH, RAYMOND W.	
STREET ADDRESS	3250 WILSHIRE BOULEVARD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUTLER, GILBERT	
STREET ADDRESS	3250 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AP	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, MORTON A	
STREET ADDRESS	300 W CLARENDON, STE 400	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	LAMBECK, DEBRA T	
STREET ADDRESS	3250 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shapiro, Allan	
1.3 STREET ADDRESS	3250 Wilshire Boulevard	
1.4 CITY-ST-ZIP	Los Angeles, CA 90010	
2.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

Please see attached sheets for additional officers

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: *[Handwritten Signature]* (213)381-3663

CR2E034 (5/98)