

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED  
95 APR 26 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000003996 (5)**

1. Corporation Name  
**EARL SCHEIB REALTY CORP.**

Principal Place of Business      Mailing Address  
**P.O. BOX 82184      P.O. BOX 82184  
LOS ANGELES CA 90009      LOS ANGELES CA 90009**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/01/1994**

2. Principal Place of Business      2a. Mailing Address  
**21 8737 Wilshire Blvd.      2a**

4. FEI Number      Applied For  
**95-2636206      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 Beverly Hills, California      26**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
**24 90211      25 Los Angeles      29      30**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>SCHEIB, DONALD R</b>
STREET ADDRESS	<b>7216 BOUQUET DR.</b>
CITY - ST - ZIP	<b>WEST MILLS CA 91304</b>
TITLE	<b>SD</b>
NAME	<b>BEATTIE, YVONNE E</b>
STREET ADDRESS	<b>809 SIERRA BONITA AVE.</b>
CITY - ST - ZIP	<b>LOS ANGELES CA 90048</b>
TITLE	<b>TD</b>
NAME	<b>MINNIHAN, JOHN K</b>
STREET ADDRESS	<b>502 SCOTTSBLUFF DR.</b>
CITY - ST - ZIP	<b>CLAREMONT CA 91711</b>
TITLE	<b>TD</b>
NAME	<b>SCHALTER, FRANK R</b>
STREET ADDRESS	<b>1022 WOODLAND DR.</b>
CITY - ST - ZIP	<b>BEVERLY HILLS CA 90210</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11869 Barranca</b>
1.4 CITY - ST - ZIP	<b>Camarillo, CA 93012</b>
2.1 TITLE	<input type="checkbox"/> Change <input 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	<b>Vice President/Treasurer/Director</b> <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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: **YVONNE E. BEATTIE**      *Yvonne E. Beattie*      04/19/95      (310) 652-4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Daytime Phone #)