

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 15 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003996 (5)**
 1. Corporation Name
EARL SCHEIB REALTY CORP.



Principal Place of Business 6737 WILSHIRE BLVD. BEVERLY HILLS CA 90211 US	Mailing Address P.O. BOX 92184 LOS ANGELES CA 90009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-2636206	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	CORPORATION SERVICE CO.
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAYS STREET
83	
84 City	TALLAHASSEE, FL
85 Zip Code	32301

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: *Karen B. Rozar* **Karen B. Rozar, As Its Agent**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEIGEL, DANIEL	
STREET ADDRESS	3242 COOLIDGE AVENUE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BEMENT, CHRISTIAN	
STREET ADDRESS	338 14TH STREET	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEATTIE, YVONNE E	
STREET ADDRESS	909 SIERRA BONITA AVE.	
CITY-ST-ZIP	LOS ANGELES CA 90046	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	MINNIHAN, JOHN K	
STREET ADDRESS	502 SCOTTSBLUFF DR.	
CITY-ST-ZIP	CLAREMONT CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SR V.P., CFO, TRESURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN D. BRANCH	
1.3 STREET ADDRESS	8737 WILSHIRE BLVD.,	
1.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90211	
2.1 TITLE	V.P., CORPORATE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID I. SUNKIN	
2.3 STREET ADDRESS	8737 WILSHIRE BLVD.,	
2.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90211	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	100002323081--5	
3.4 CITY-ST-ZIP	-10/17/97--01069--004	
4.1 TITLE	***550.00	<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 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 my address.

SIGNATURE: *David I. Sunkin* **DAVID I. SUNKIN** 09/09/97 (310)652-4880

CR2E034 (4/97)