

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

CORPORATION  
ANNUAL REPORT  
1995



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 MAY - 1 AM 8:55

DOCUMENT # **F94000005932 (8)**

1. Corporation Name

**PACIFIC 17, INC.**

Principal Place of Business

4760 MURPHY CANYON RD.  
SUITE 203  
SAN DIEGO CA 92123

Mailing Address

4760 MURPHY CANYON RD.  
SUITE 203  
SAN DIEGO CA 92123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1994** 3a. Date of Last Report

2. Principal Place of Business

21 Suite Apt # etc

2b. Mailing Address

26 Suite Apt # etc

4. FEI Number  
**95-3504341**

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**

7. This corporation has liability for intangible tax under § 199.005, Florida Statutes  Yes  No

22 City & State 23 Zip 24 25 County 26 27 City & State 28 29 Zip 30 County

9. Name and Address of Current Registered Agent

**HAYTER, KEITH  
1445 ALTON RD.  
MIAMI BEACH FL 33139**

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 607.054(2) 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 607.054(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	MORGAN, DENIS H
STREET ADDRESS	4760 MURPHY CANYON RD.
CITY, ST, ZIP	SAN DIEGO CA 92123
TITLE	VSD
NAME	KERCHEVAL, ALBERT A
STREET ADDRESS	4760 MURPHY CANYON RD.
CITY, ST, ZIP	SAN DIEGO CA 92123
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 or changed or on an attachment with an address.

SIGNATURE: *[Signature]*

VICER PRESIDENT

4/21/95 (619) 261-1717