

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JUL 14 PM 1:07

DOCUMENT # F94000005932 (8)

1. Corporation Name
PACIFIC 17, INC.



REINSTATEMENT 96-97

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**

3. Date Incorporated or Qualified: **11/16/1994**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **95-3504341**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **4740 MURPHY CANYON RD. SUITE 200 SAN DIEGO, CA 92123 USA**
 2a. Mailing Address: **4740 MURPHY CANYON RD. SUITE 200 SAN DIEGO, CA 92123 USA**

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: **GERRY E. FEIN, C.P.A. 1713 WHITEHALL DR. # 305 FT. LAUDERDALE FL 33324**

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: **GERRY E. FEIN, C.P.A.** *Gerry E. Fein, C.P.A.* **JULY 11, 1997**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	<input type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORGAN, DENIS H		1.2 NAME: MORGAN, DENIS H.	
STREET ADDRESS: 4760 MURPHY CANYON RD.		1.3 STREET ADDRESS: 4740 MURPHY CANYON RD., SUITE 200	
CITY-ST-ZIP: SAN DIEGO CA 92123		1.4 CITY-ST-ZIP: SAN DIEGO, CA 92123	
TITLE: VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 200002239762--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KERCHEVAL, ALBERT A		2.2 NAME: -07/16/97--01080--006	
STREET ADDRESS: 4760 MURPHY CANYON RD.		2.3 STREET ADDRESS: ***923.75 ***923.75	
CITY-ST-ZIP: SAN DIEGO CA 92123		2.4 CITY-ST-ZIP: 31 TITLE: VICE PRESIDENT-LEGAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	3.2 NAME: COLEMAN, HAROLD	
NAME: 		3.3 STREET ADDRESS: 4740 MURPHY CANYON RD., SUITE 200	
STREET ADDRESS: 		3.4 CITY-ST-ZIP: SAN DIEGO, CA 92123	
CITY-ST-ZIP: 		4.1 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	4.2 NAME: 	
NAME: 		4.3 STREET ADDRESS: 	
STREET ADDRESS: 		4.4 CITY-ST-ZIP: 	
CITY-ST-ZIP: 		5.1 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	5.2 NAME: 	
NAME: 		5.3 STREET ADDRESS: 	
STREET ADDRESS: 		5.4 CITY-ST-ZIP: 	
CITY-ST-ZIP: 		6.1 TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 	<input type="checkbox"/> DELETE	6.2 NAME: 	
NAME: 		6.3 STREET ADDRESS: 	
STREET ADDRESS: 		6.4 CITY-ST-ZIP: 	
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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Denis H. Morgan* **DENIS H. MORGAN** **JULY 11, 1997 (619) 268-1717**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2034 (3/96)