

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 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
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DOCUMENT # F94000005932 (8)
 1. Corporation Name
PACIFIC 17, INC.



Principal Place of Business 4740 MURPHY CANYON RD. SUITE 200 SAN DIEGO CA 92123	Mailing Address 4740 MURPHY CANYON RD. SUITE 200 SAN DIEGO CA 92123
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 95-3504341	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FEIN, GERRY E C.P.A. 1713 WHITEHALL DRIVE, #305 FT. LAUDERDALE FL 33324				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 _____ (NOTI Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, DENIS H	1.2 NAME	Morgan, Denis H.
STREET ADDRESS	4740 MURPHY CANYON RD., SUITE 200	1.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste.200
CITY-ST-ZIP	SAN DIEGO CA 92123	1.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, HAROLD	2.2 NAME	Coleman, Harold Jr.
STREET ADDRESS	4740 MURPHY CANYON RD., SUITE 200	2.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste 200
CITY-ST-ZIP	SAN DIEGO CA 92123	2.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice Pres/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Yhap, Benjamin
STREET ADDRESS		3.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste 200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice Pres/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Forrest, Robert C. III
STREET ADDRESS		4.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice Pres/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hayter, Keith W.
STREET ADDRESS		5.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste 200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Diego, CA 92123
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice Pres/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	King, Fritz W.
STREET ADDRESS		6.3 STREET ADDRESS	4740 Murphy Canyon Rd., Ste 200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	San Diego, CA 92123

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.04(3)(f), 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: *S. Morgan* 3/10/98 (619) 268-1717

CR2E034 (10/97)