

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000000330 (8)

1. Corporation Name  
 FASTFRAM, U.S.A., INC.



Principal Place of Business  
 1200 LAWRENCE DR  
 SUITE 300  
 NEWBURY PARK CA 91320

Mailing Address  
 1200 LAWRENCE DR  
 SUITE 300  
 NEWBURY PARK CA 91320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
 01/19/1996

4. FEI Number  
 77-0130170 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO, Director	<input type="checkbox"/> DELETE
NAME	HARPER, BRIAN	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	CFO, Director	<input type="checkbox"/> DELETE
NAME	LOVE, ROBERT S	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	OD, Director	<input type="checkbox"/> DELETE
NAME	OLIVER, FRANKLIN	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	FLETCHER, ARTHUR J	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	LEVINE, BILL	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALER, LEWIS	
STREET ADDRESS	1200 LAWRENCE DR, SUITE 300	
CITY-ST-ZIP	NEWBURY PARK CA 91320	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANDREW THOMPSON	
1.3 STREET ADDRESS	1200 Lawrence Dr, Suite 300	
1.4 CITY-ST-ZIP	Newbury Park CA 91320	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LESLIE THOMPSON	
2.3 STREET ADDRESS	1200 Lawrence Dr, Suite 300	
2.4 CITY-ST-ZIP	Newbury Park CA 91320	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	IRWIN GARFIELD	
3.3 STREET ADDRESS	1200 Lawrence Dr, Suite 300	
3.4 CITY-ST-ZIP	Newbury Park CA 91320	
4.1 TITLE		<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	400002646154	
5.3 STREET ADDRESS	-09/22/98--01051--015	
5.4 CITY-ST-ZIP	***150.00	
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 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, as an attachment with an address.

SIGNATURE:

*[Handwritten signatures]*

8/17/98

800-333-3225

CR2E034 (5/98)



GILDERMAN,  
JOHNSON & COMPANY, LLP  
CERTIFIED PUBLIC ACCOUNTANTS

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August 18, 1998

Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314


RE: Fastframe USA, Inc.  
FEIN #: 77-0130170  
Florida Secretary of State Document Number: F96000000330  
Form: Annual Report  
Tax Year: 1998

Dear Sir/Madam:

In response to your 1998 Annual Report 2<sup>nd</sup> Notice, enclosed are Fastframe USA, Inc.'s 1998 Annual Report and a check in the amount of \$150.00. Please abate the late filing fee in the amount of \$400 because the Company did not receive its 1998 Annual Report 1<sup>st</sup> Notice at the beginning of 1998.

Thank you for your assistance. Please do not hesitate to give me a call if you have any questions or need additional information.

Sincerely,



Scott M. Gilderman, CPA

Cc: Fastframe USA, Inc.

Encls.