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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000001104 (6)

1. Corporation Name
PACIFIC SCIENTIFIC SERVICE INC.



Principal Place of Business
**620 NEWPORT CENTER DRIVE #700
NEWPORT BEACH CA 92660**

Mailing Address
**620 NEWPORT CENTER DRIVE #700
NEWPORT BEACH CA 92660-8007**

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
4. FEI Number 33-0684327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President; Chairman; Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWER, EDGAR S	1.2 NAME	Lester Hill
STREET ADDRESS	15 GOLETA POINT	1.3 STREET ADDRESS	25281 Abilene Court
CITY-ST-ZIP	CORONA DEL MAR CA 92625	1.4 CITY-ST-ZIP	Laguna Hills, CA. 92653
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONKOWSKI, JOSEPH R	2.2 NAME	
STREET ADDRESS	1580 LAWRENCE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DONVILLE CA 94508	2.4 CITY-ST-ZIP	
TITLE	SVCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAT, RICHARD V	3.2 NAME	
STREET ADDRESS	2027 BAYSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORONA DEL MAR CA 92625	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAN, PEER	4.2 NAME	
STREET ADDRESS	7 TERRAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT COAST CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with my address.

SIGNATURE: Peer A. Swan **PEER A. SWAN** **TREASURER** **3/7/97** **714-720-1714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

PACIFIC SCIENTIFIC SERVICE INC.

2-25-97

NAME	ADDRESS	OFFICE
BOARD OF DIRECTORS		
Lester Hill	25281 Abilene Court Laguna Hills, Ca. 92653	620 Newport Center Drive Newport Beach, Ca. 92660
Richard V. Plat	2027 Bayside Drive Corona Del Mar, Ca 92625	Same
OFFICERS		
Lester Hill	25281 Abilene Court Laguna Hills, Ca. 92653	President
Joseph R. Monkowski	1580 Lawrence Road Danville, Ca. 94506	Vice President
Richard V. Plat	2027 Bayside Drive Corona Del Mar, Ca 92625	Chief Financial Officer and Secretary
Peer Swan	7 Terraza Newport Coast, Ca.	Treasurer