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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005264 (3)

## **FILED** Feb 27 1998 8:00am Secretary of State

Suite, Apt. #, etc.  22  City & State:  City & State:  23  Zip Country 28  Zip Country 30  Discrete Commissioner Country 29  28  NSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300  10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name an		
CONCORD CA 94524-1401	JUIU WIEL BIEL IUEL	
8. Principal Place of Business 21	DO NOT HENYE IN THIS OPLOS	
2. Principal Place of Business 21	<u>:</u>	
22. Mailling Address   22. Mailling Address   34. FEI Number   34. 2311657   32. Mailling Address   35. Mailling Address   34. Fei Number   34. Fei Number   34. Fei Number   34. Fei Number   35. Certificate of Status Desired   \$5. City & State   27. City & State   27. City & State   28. This corporation was or has paid the current   37. This corporation was or has paid the current   37. This corporation was or has paid the current   37. This corporation was or has paid the current   37. This corporation was or has paid the current   38. This corporation was or has paid the current   38. This corporation was or has paid the current   38. This corporation was or has paid the current   38. This corporation was or has paid the current   38. This corporation   38. This corpor		
Suite, Apt. #, etc  22  City & State:  City & State:  23  City & State:  24  25  City & State:  26  Country  27  Country  28  29  20  20  20  20  20  20  20  20  20	Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$\frac{\$\frac{\$\frac{\$\text{State}{20}\$}{20}}{20}\$   City & State   City & City & State   City & City & State   City & State	Not Applicat	
City & State  23  24  25  27  26  27  27  27  28  28  29  29  20  30  Country  Anne and Address of Current Registered Agent  NSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0002 and 607 1108 Florida Statutos. The above required when remaining with and accept the objections of Section 607 0005, Florida Statutos  SIGNATURE  39  30  81  82  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Section 607 0002 and 607 1108 Florida Statutos. The above required when remaining to the provisions of section of Section 607 0005, Florida Statutos  SIGNATURE  39  30  81  82  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Section 607 0002 and 607 1108 Florida Statutos  SIGNATURE  39  30  30  30  30  30  41  41  41  41  41  41  41  41  41  4	.75 Additional	
28   28   29   30   30   30   30   30   30   30   3	ee Required	
Zip	5.00 May Be	
28	dded to Fees	
B. Name and Address of Current Registered Agent  NSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300  11. Pursuant to the provisions of Sections 607 0/402 and 607 1/408 Elorida Statutes office or registered agent, or both, in the State of Elorida Statutes, agent 1 and accept the obligations of Sections 607 0/405, Florida Statutes  SIGNATURE  12.	~	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300  82  84 City FL 85  11. Pursuant to the provisions of Sections 607 (MD2 and 607 1508) Florida Statutes, the above-named corporation submits this statement for the purpose of chandring or registered agent, or holt, in this Statute of Recition 607 (MD2 and 607 1508) Florida Statutes, the above-named corporation submits this statement for the purpose of chandring or registered agent agent are familiar with, and accept the obligations of Section 607 (MD2 and 607 1508). Florida Statutes  SIGNATURE S		
CAPITOL TALLAHASSEE FL 32399-0300  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 charge for registered agent, or both, in the State of Rovida Such change was authorized by the corporation submits this statement for the purpose of charge for registered agent and decept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Topic the state of Rovida Such change was authorized by the corporation submits this statement for the purpose of charge was authorized by the corporation's board of directors. I hereby accept the appointm spent or particular with and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  Topic the state of Rovida Such change was authorized by the corporation submits this statement for the purpose of charge was authorized by the corporation's board of directors. I hereby accept the appointm spent signature required when reinstating)  DATE  12.		
TALLAHASSEE FL 32399-0300  83  84 City  FL  85  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statulos, the above-named corporation submits this statement for the purpose of char office or registered agent, or holts, in the State of Florida Statulos, the above-named corporation's board of directors. I hereby accept the appointment of registered the children of Section 607 0505, forida Statulos  SIGNATURE  SIGNATURE  12. OFFICE RS AND D RECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRE  11. TITLE  CD  INDITE  CD  INDITE  CD  INDITE  CD  INDITE  IN		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Horida Statutes, the above-named corporation submits this statement for the purpose of char office or registered agent, or both, in this State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent it am familiar with, and accept the obligations of Societics 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  CD		
TILE DUNATHAN, JAMES R SIRRET ADDRESS SIRET ADDRESS CITY-ST-ZIP NAME BOYD, LYNN A SIREET ADDRESS CITY-ST-ZIP FEERSEN, RAYMOND P TITLE CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP FEERSEN, RAYMOND P TITLE CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP NAME PETERSEN, RAYMOND P TITLE CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP NOVATO CA 94957 TITLE CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOVATO CA 94957 TITLE CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP CFOD DELFIE SIREET ADDRESS CITY-ST-ZIP NOVATO CA 94957 SIREET ADDRESS CITY-ST-ZIP NOVATO CA 94546  MAYERS, MARY JESUS P SIREET ADDRESS CITY-ST-ZIP CFOD SIREET ADDRESS CITY-ST-ZIP CFOD SIREET ADDRESS CITY-ST-ZIP NOVATO CA 94546  MAYERS, MARY JESUS P SIREET ADDRESS CITY-ST-ZIP CFOD SIREET ADDRESS CITY-ST-ZIP NOVARD CA 94546  MAYERS, MARY JESUS P SIREET ADDRESS CITY-ST-ZIP CFOD SIREET ADDRESS CITY-ST-Z		
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SIGNATURE    Signature   Dynamic of position and of registrate agriculture of registrate agriculture agriculture required when reinstalling).   DATE	Zip Code	
SIGNATURE    Signature   Dynamic of position and of registrate agriculture of registrate agriculture agriculture required when reinstalling).   DATE	ging its registere	
Signature   Signature byind or posted or posted or posted appeal as a 116 - 1 Applicable   (INOTE the postered Agent signature required when reinstalling)   DATE	int as registered	
12. OFFICERS AND DIRECTORS  TITLE  CD  DELETE  DUNATHAN, JAMES R  STREET ADDRESS  GRY-ST-ZIP  DAYNILLE CA 94506  DELETE  DAYNILLE CA 94506  DELETE  DELETE  1.1 TITLE  DAYNILLE CA 94506  DELETE  1.2 NAME  1.2 STREET ADDRESS  DAYNILLE CA 94506  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  DELETE  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAYNON CO URT  STREET ADDRESS  TARKENDON LANE  STREET ADDRESS  TARKENDON LANE  TITLE  NAME  MYERS, MARY JESUS P  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  MYERS, MARY JESUS P  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  HAYWARD CA 94546  4.4 CITY-ST-ZIP  HAYWARD CA 94546		
TITLE  NAME  DUNATHAN, JAMES R  STREET ADDRESS  GITY-ST-ZIP  DANVILLE CA 94506  TITLE  NAME  BOYD, LYNN A  STREET ADDRESS  CITY-ST-ZIP  TITLE  PD  TITLE  BOYD  TITLE  PO  DELETE  21 TITLE  AME  STREET ADDRESS  CITY-ST-ZIP  TOLSOM CA 95630  DELETE  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  PETERSEN, RAYMOND P  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  PETERSEN, RAYMOND P  STREET ADDRESS  CITY-ST-ZIP  TITLE  TOLSOM CA 94957  TITLE  NOVATO CA 94957  TITLE  NAME  MYERS, MARY JESUS P  STREET ADDRESS  CITY-ST-ZIP  THEE  A3 STREET ADDRESS  CITY-ST-ZIP  NOVATO CA 94546  4 STREET ADDRESS  CITY-ST-ZIP  HAYWARD CA 94546		
NAME   DUNATHAN, JAMES R   12 NAME   3871 COTTONWOOD DRIVE   13 STREET ADDRESS   220 TWINBRIDGE CIRCLE   14 CHY-ST-ZIP   DANVILLE CA 94506   14 CHY-ST-ZIP   PLRASANT HILL, CALIFORNIA 94.5   104 TIMSON COURT   23 STREET ADDRESS   24 CHY-ST-ZIP   DELETE   31 HILE   CR.		
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CITY-ST-ZIP         NOVATO CA 94957         34.CITY-ST-ZIP           TITLE         CFOD         DELETE         43.TITLE         CFOD           NAME         MYERS, MARY JESUS P         4.2 NAME         4.2 NAME           STREET ADDRESS         21095 GARY DRIVE #207         4.3 STREET ADDRESS           CITY-ST-ZIP         HAYWARD CA 94546         4.4 CITY-ST-ZIP		
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NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP  64 CITY-ST-ZIP  14. Therefore certify that the information of such of with the filter does not qualify for the execution stated in Section 110 07/2V/). Floride Section 140 07/2V/).		

corties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an corties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an corties impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in any address indicated on this arinual report of sulf-officer or director of the corporation of Block 12 or Block 13 if changed for of