

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22683 (7)**

1. Corporation Name  
**MYAL PARTNERSHIP MANAGEMENT SERVICES, INC.**



Principal Place of Business <b>1935 CAMINO VIDA ROBLE                  CARLSBAD CA 92008</b>	Mailing Address <b>1935 CAMINO VIDA ROBLE                  CARLSBAD CA 92008</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/23/1989</b>	
21	22	26	27	4. FEI Number <b>95-3700598</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY                  1201 HAYES STREET                  TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRD, ALLAN S.</b>	1.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSBAD CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRD, MYRNA B.</b>	2.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSBAD CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON, RUSTEN J H.</b>	3.2 NAME	
STREET ADDRESS	<b>1935 CAMINO VIDA ROBLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLSBAD CA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SV</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>GREEN, PATRICIA M.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>1935 CAMINO VIDA ROBLE CARLSBAD, CA 92008</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>BIRD, JOSHUA D.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>1935 CAMINO VIDA ROBLE CARLSBAD, CA 92008</b>
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 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, or on an attachment with an address.

SIGNATURE *Patricia M. Green* PATRICIA M. GREEN, SECRETARY 2-23-98 760-431-0100

CR2E034 (10/97)