

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P26740** (1)

1. Corporation Name
PACIFIC SUNWEAR OF CALIFORNIA, INC.



Principal Place of Business Mailing Address
5037 E HUNTER AVE. ANAHEIM CA 92807 US

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

3. Date Incorporated or Qualified **10/31/1989** 3a. Date of Last Report **02/28/1995**
4. FEI Number **95-3759463** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 607.0602 and 607.0604, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0604, Florida Statutes.

SIGNATURE

Signature of the person filing this report (SEE INSTRUCTIONS)

Circle, Box, or Initials of the person filing this report (SEE INSTRUCTIONS)

(DATE)

12. OFFICERS AND DIRECTORS

| | | |
|----------------------|---|---------------------------------|
| 12.1 NAME | D PEARSON, CUMMIN | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS | 5037 EAST HUNTER AVENUE ANAHEIM CA | |
| 12.3 CITY-STATE-ZIP | V | <input type="checkbox"/> DELETE |
| 12.4 NAME | HARMON, TIM | <input type="checkbox"/> DELETE |
| 12.5 STREET ADDRESS | 5037 EAST HUNTER AVE ANAHEIM CA | |
| 12.6 CITY-STATE-ZIP | SCFO | <input type="checkbox"/> DELETE |
| 12.7 NAME | WOMACK, CARL | <input type="checkbox"/> DELETE |
| 12.8 STREET ADDRESS | 5037 EAST HUNTER AVE ANAHEIM CA | |
| 12.9 CITY-STATE-ZIP | V | <input type="checkbox"/> DELETE |
| 12.10 NAME | WEAVER, GREG | <input type="checkbox"/> DELETE |
| 12.11 STREET ADDRESS | 5037 EAST HUNTER AVE ANAHEIM CA | |
| 12.12 CITY-STATE-ZIP | D | <input type="checkbox"/> DELETE |
| 12.13 NAME | JENSEN, JULIS I | <input type="checkbox"/> DELETE |
| 12.14 STREET ADDRESS | 5037 EAST HUNTER AVE ANAHEIM CA | |
| 12.15 CITY-STATE-ZIP | DPC | <input type="checkbox"/> DELETE |
| 12.16 NAME | RAYDEN, MICHAEL | <input type="checkbox"/> DELETE |
| 12.17 STREET ADDRESS | 5037 EAST HUNTER AVE ANAHEIM CA | |
| 12.18 CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME | |
| 13.3 STREET ADDRESS | |
| 13.4 CITY-STATE-ZIP | |
| 13.5 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME | |
| 13.7 STREET ADDRESS | |
| 13.8 CITY-STATE-ZIP | |
| 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME | |
| 13.11 STREET ADDRESS | |
| 13.12 CITY-STATE-ZIP | |
| 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME | |
| 13.15 STREET ADDRESS | |
| 13.16 CITY-STATE-ZIP | |
| 13.17 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME | |
| 13.19 STREET ADDRESS | |
| 13.20 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl Womack Secretary

1-26-96 714-693-8066
Date Date of Printing

CR2E034 (12/95)