

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

CORPORATION
ANNUAL REPORT
1995



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 10 AM 10: 25

DOCUMENT # **P35624** (6)

CANTER AND ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1553 EUCLID STREET
SANTA MONICA CA 90404

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SANTA MONICA CA 90404

2	28	3	3a
21	26	09/23/1991	02/07/1994
22	27	4. FIC Number 95-3161534	Applied For Not Applicable
23	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Director Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		B1 Name	B5 Zip Code
		B2 Street Address (if C.O. Box Number is Not Acceptable)	FL
		B3 City	

11. I, the undersigned, being duly sworn, depose and say that the Florida Statutes, Board of Commerce Corporation, and this statement for the purpose of changing its registered office as registered agent, in both in the State of Florida. This change was authorized by the Corporation's board of directors. I hereby affirm the appointment as registered agent. I am familiar with and accept the responsibility for the filing of this statement.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD CANTER, LEE 1553 EUCLID STREET SANTA MONICA CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER	SD CANTER, MARLENE 1553 EUCLID STREET SANTA MONICA CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER	CFO BERNSTEIN, TOBY D 1553 EUCLID STREET SANTA MONICA CA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is correct, true and complete and that the information is true and complete and that the undersigned shall have the same legal effect as if made under oath. This filing is effective as of the date of filing. I am familiar with and accept the responsibility for the filing of this statement. I am familiar with and accept the responsibility for the filing of this statement.

SIGNATURE: *T. Bernstein*
TOBY D. BERNSTEIN

5/2/95 310-395-3221