

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

RECEIVED

DOCUMENT # **P38101** (2)

1. Corporation Name
3679 WATERS AVENUE CORPORATION



Principal Place of Business
**C/O PMREALTY ADVISORS, INC
STE 300
NEWPORT BCH CA 92660
US**

Mailing Address
**800 NEWPORT CTR. DR
STE 300
NEWPORT BCH CA 92660
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

3. Date Incorporated or Qualified **03/30/1992**
3a. Date of Last Report **04/05/1995**
4. FEI Number **33-0471578**
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
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1804, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILL, MICHAEL R.	2. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	3. STREET ADDRESS	
CITY, ST, ZIP	NEWPORT BEACH CA	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	5. TITLE	
NAME	MCWALTERS, JAMES G	6. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	7. STREET ADDRESS	
CITY, ST, ZIP	NEWPORT BEACH CA	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STDV	9. TITLE	
NAME	SULLIVAN, LAWRENCE K.	10. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	11. STREET ADDRESS	
CITY, ST, ZIP	NEWPORT BEACH CA	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBS, DAVID K	14. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	15. STREET ADDRESS	800 Newport Center Drive #300
CITY, ST, ZIP	NEWPORT BEACH CA 92660	16. CITY, ST, ZIP	Newport Beach, CA 92660
TITLE	V	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, RONALD L	18. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	19. STREET ADDRESS	
CITY, ST, ZIP	NEWPORT BEACH CA 92660	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	21. TITLE	
NAME	SULLIVAN, GLORIA S	22. NAME	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	23. STREET ADDRESS	
CITY, ST, ZIP	NEWPORT BEACH CA 92660	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VP
Hubbs, David K
800 Newport Center Drive #300
Newport Beach, CA 92660

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*****200.00**

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Michael R. Neill* **Michael R. Neill** 2/13/96 714 721 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

SG 3-26-96