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May 19 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P40979 (7)

1. Corporation Name
CITY OF HOPE, A NONPROFIT CORPORATION



Principal Place of Business Mailing Address
208 W. 8TH STREET LOS ANGELES CA 90014 US
208 W. 8TH ST. ATTN: TAX & LICENSING LOS ANGELES CA 90014-3208

3. Date Incorporated or Qualified 10/16/1992
3a. Date of Last Report 06/20/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt #, etc.	Suite, Apt #, etc.		95-3435919	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip	Country	29		
24			30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAYMAN-KAUFMAN, ILEANE 7051 W. COMMERCIAL BLVD. #3A FT. LAUDERDALE FL 33319				81	Name Melanie Popper		
				82	Street Address (P.O. Box Number is Not Acceptable) 3333 W. Commercial Blvd., #106		
				83			
				84	City	Ft. Lauderdale	85
					FL		Zip Code 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Melanie P. Popper Date: 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBERG, GIL N	1.2 NAME	
STREET ADDRESS	3801 S BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90037	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEY, MARK B	2.2 NAME	
STREET ADDRESS	5880 UPLANDER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA 90233	2.4 CITY-ST-ZIP	
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DER LEEDEN, TONNY P	3.2 NAME	
STREET ADDRESS	208 W 8TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGWELL, THOMAS A	4.2 NAME	
STREET ADDRESS	208 W. 8TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90014	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMAN, CLAIRE L	5.2 NAME	
STREET ADDRESS	3701 WILSHIRE BLVD. 7TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90014	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARKIN, GEORGE	6.2 NAME	
STREET ADDRESS	10850 WILSHIRE BLVD. #740	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90014	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melanie P. Popper April 7, 1997 (213) 626-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)