

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005608 (4)**

1. Corporation Name
WCB EIGHTEEN, INC.



Principal Place of Business: **450 NEWPORT CENTER DR. SUITE 304 NEW PORT BEACH CA 92660**
Mailing Address: **450 NEWPORT CENTER DR. SUITE 304 NEW PORT BEACH CA 92660**

3. Date Incorporated or Qualified: **10/28/1994** 3a. Date of Last Report: **12/04/1995**
4. FEI Number: **75-2563250** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.0502 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NEIDICH, DANIEL M	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMAMOTO, DAVID T	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHASE, MICHAEL R	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROTHENBERG, STUART M	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TODD A	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KESSLER, DOUGLAS A	
STREET ADDRESS	450 NEWPORT CENTER DR.	
CITY-ST-ZIP	NEW PORT BEACH CA 92660	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	DI ORIO, EDWARD J.
4.4 CITY-ST-ZIP	450 NEWPORT CENTER DR. NEWPORT BEACH, CA 92660
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 its 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 if a new addition with an addition.

SIGNATURE: *Edward J. Diorio V.P. Controller* 2/6/96 (714) 680-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)