

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005609 (2)**

1. Corporation Name  
**WCB MANAGEMENT GEN-PAR, INC.**



Principal Place of Business <b>450 NEWPRT CENTER DR.                  STE. 304                  NEWPORT BEACH CA 92680</b>	Mailing Address <b>450 NEWPRT CENTER DR.                  STE. 304                  NEWPORT BEACH CA 92660-7640</b>
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3. Date Incorporated or Qualified <b>10/28/1994</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>75-2563228</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P CHASE, MICHAEL R</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR., STE. 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92680</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>EVP BENEDICT, COLEMAN J</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR., STE. 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92680</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>EVCF HOOVER, TED L</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR., STE. 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92680</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP NEIDICH, DANIEL M</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR., STE. 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92680</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP C DIDIMO</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR, SUITE 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP WILLIAMS, TODD A</b>
STREET ADDRESS	<b>450 NEWPORT CENTER DR., STE. 304</b>
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92680</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a change, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **3/6/97** Daytime Phone #: **(714) 640-6900**

32E034 (9/96)