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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005609 (2)  WCB MANAGEMENT GEN-PAR, INC.  Principal Place of Business  Mailing Address 450 NeWPRT CENTER DR. STE. 304 NEWPORT BEACH CA 32660 NEWPORT BEACH CA 32660 NEWPORT BEACH CA 32660  2. Principal Place of Business 2a. Mailing Address 51E. 304 NEWPORT BEACH CA 32660 NEWPORT BEACH CA 32660  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 75-2563228 Not Applied For 75-2563228 Not Applied
Principal Place of Business  450 NEWPORT BEACH CA 92660  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/28/1994  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  Added to Fees  Personal Property Tax due June 30. Yes  No  9, Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.  PLANTATION FL 33324  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statuses, the above-named corporation submits this statement for the purpose of changing is registered agent, a maintifular with, and accept the obligations of, Section 607.0505, Florida Statuses.
450 NEWPRT CENTER DR. STE. 304 NEWPORT BEACH CA 92660  STE. 304 NEWPORT BEACH CA 92660  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/28/1994  4. FEI Number  Applied For 75-2563228  Not Applied For 75-2563228  Not Applied For 75-2563228  Not Applied For 75-2563228  Suite, Apt. #, etc. 22  City & State  City & State  City & State  City & State  25  Country  26  Suite, Apt. #, etc. 27  City & State  City & State  City & State  28  Country  29  Country  30  Suite, Apt. #, etc. 30  Read Required  5. Certificate of Status Desired Fee Required  Fee Required  Fee Required  City & State  City & State  City & State  Suite, Apt. #, etc. 29  Country  Suite, Apt. #, etc. 29  City & State  City & State  City & State  Suite, Apt. #, etc. 29  Country  Suite, Apt. #, etc. 29  Country  Suite, Apt. #, etc. 29  City & State  City & State  City & State  Suite, Apt. #, etc.  Suite
STE. 304 NEWPORT BEACH CA 92660  STE. 304 NEWPORT BEACH CA 92660  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/28/1994  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 75-2563228 Not Applied For 75-2563228 Not Applied For 75-2563228 Suite, Apt. #, etc. 27 City & State 28 City & State 28 City & State 29 29 30 Country 30 Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  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 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, 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, 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, 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.
3. Date Incorporated or Qualified 10/28/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 75-2563228 Suite, Apt. #, etc. 5. Certificate of Status Desired 75-2563228 Suite, Apt. #, etc. 5. Certificate of Status Desired 75-2563228 Suite, Apt. #, etc. 85. Certificate of Status Desired Suite, Apt. #, etc. 85. Certificate of Status Desired Suite, Apt. #, etc. 85. Certificate of Status Desired 85. Oo May Be Added to Fees 8-2 No Ountry 8-2 No Ountry Suite Sui
10/28/1994  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Suite, Apt. #, etc.  2c. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  2d. City & State  2d. City & State  2d. Country  2d. This corporation owes or has paid the current year Intangible  Personal Property Tax due June 30. Yes  No  2d. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  1200 S. PINE ISLAND RD.  PLANTATION FL 33324  81  Name  22  23  24  25  26  27  27  28  29  29  30  30  30  30  30  31  Name  32  Street Address (P.O. Box Number is Not Acceptable)  32  33  34  35  36  36  37  36  37  36  36  37  37  36  36
2. Principal Place of Business  2a. Mailing Address 25
25 Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Sea Required  City & State  Zip  Zip  Country  Zip  Country  Satista Co
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,
City & State  Country  Zip  Country  S. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  14 City  FL 85 Zip Code  15. 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.
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  10. 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 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.
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL Street Address (P.O. Box Number is Not Acceptable)  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.
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Vip 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Value  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.
1200 S. PINE ISLAND RD. PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
1200 S. PINE ISLAND RD. PLANTATION FL 33324  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.
PLANTATION FL 33324  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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.
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.
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.
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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P Change Addition
NAME CHASE, MICHAEL R 1,2 NAME
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304 1.3 STREET ADDRESS
CITY-ST-ZIP         NEWPORT BEACH CA 92660         1.4 CITY-ST-ZIP           TITLE         EVP         DELETE         2.1 TITLE         Change         Addition
PENERIOT ON FILLS
AFO MIDISPORT OF STEED DD. GTE AGA
NEWDOLT DEVOLUE OF COCCO
CITY-ST-ZIP   NEWPORT BEACH GA 92000   2.4 CITY-ST-ZIP
NAME HOOVER, TED L 32 NAME
STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304 3.3 STREET ADDRESS
CITY-ST-ZIP NEWPORT BEACH CA 92660 3.4. CITY-ST-ZIP
TITLE VP DELETE 4.1 TITLE Change Addition
NAME NEIDICH, DANIEL M 4.2 NAME
NAME NEIDICH, DANIEL M STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304 4.2 NAME 4.3 STREET ADDRESS
NAME NEIDICH, DANIEL M  STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304  OUTY-ST-7/P  NEWPORT BEACH CA 92660  4.2 NAME  4.3 STREET ADDRESS  NEWPORT BEACH CA 92660  4.4 CITY-ST-7/P
NAME NEIDICH, DANIEL M  STREET ADDRESS 450 NEWPORT CENTER DR., STE. 304 4.3 STREET ADDRESS CITY-ST-ZIP NEWPORT BEACH CA 92660 4.4 CITY-ST-ZIP Change Laddition
NAME STREET ADDRESS CITY-ST-ZIP VP C NAME NAME VP C DIDIMO NAME NEWPORT CENTER DR., STE. 304 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME  A 2 NAME  A 2 NAME  A 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  A 3 STREET ADDRESS 5.3 TITLE 5.2 NAME  A 4.2 NAME  A 3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 NAME 6.
NAME STREET ADDRESS CITY-ST-ZIP VP C NAME STREET ADDRESS CITY-ST-ZIP VP C DIDIMO STREET ADDRESS A4. CITY-ST-ZIP NAME STREET ADDRESS A50 NEWPORT CENTER DR, SUITE 304  4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP NEWPORT CENTER DR., STE. 304 NEWPORT BEACH CA 92660  VP C DIDIMO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEWPORT CENTER DR, SUITE 304 NEWPORT CENTER DR, SUITE 304 NEWPORT BEACH CA  4. 2 NAME 4.3 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  NEWPORT BEACH CA  5.4 CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP NEWPORT CENTER DR., STE. 304 NEWPORT BEACH CA 92660  VP C DIDIMO STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEWPORT CENTER DR, SUITE 304 NEWPORT CENTER DR, SUITE 304 NEWPORT BEACH CA  4. 2 NAME 4.3 STREET ADDRESS 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  NEWPORT BEACH CA  5.4 CITY-ST-ZIP

ar certify that the information of under oath; that I am an lat my name appears in

**FILED** 

Jan 28 1998 8:00am