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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 92660-7810

3. Date Incorporated or Qualified 10/28/1994	3a. Date of Last Report 02/28/1996
4. FEI Number 75-2563250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

29 30

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)

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

(NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	DI ORIO, EDWARD J	
STREET ADDRESS	450 NEWPORT CENTER DRIVE	
CITY - ST - ZIP	NEWPORT BEACH CA	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed on an attachment with an address.

SIGNATURE *Sandra B. Mortham* *Dir. Controller* 3/6/97 (714) 640-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)