

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1994

4. FEI Number 75-2563250	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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

25

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 checked="" 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	

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	

2.1 TITLE	VP	<input checked="" 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	VP - Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **314-646 6900**

CR2E034 (10/97)