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FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90078 001 ***150.00

0553708

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38101

1. Corporation Name

3679 WATERS AVENUE CORPORATION

Principal Place of Business
**C/O PMREALTY ADVISORS, INC
STE 300
NEWPORT BCH CA 92660
US**

Mailing Address
**800 NEWPORT CTR. DR
STE 300
NEWPORT BCH CA 92660
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1992

4. FEI Number

33-0471578

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEILL, MICHAEL R.	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCWALTERS, JAMES G	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	STDV	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LAWRENCE K.	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUBBS, DAVID K	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWER, RONALD L	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LERCH, JEFFREY W	
STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUBBS, DAVID K	
1.3 STREET ADDRESS	800 NEWPORT CENTER DR. STE 300	
1.4 CITY-ST-ZIP	NEWPORT BEACH CA 92660	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David K. Hubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David K. Hubbs 1/19/99 (949) 721-5000

Date

Daytime Phone #

CR2E034 (11/98)