

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90005 027 \*\*\*\*61.25  
 05-14-1999 90005 028 \*\*\*\*\*8.75

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40979**

1. Corporation Name  
**CITY OF HOPE, A NONPROFIT CORPORATION**

Principal Place of Business 208 W. 8TH STREET LOS ANGELES CA 90014 US	Mailing Address 208 W. 8TH ST. ATTN: TAX & LICENSING LOS ANGELES CA 90014
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/16/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-3435919
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent POPPER, MELANIE 3333 W COMMERCIAL BLVD 106 FT LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name: JOAN WIZNER, DIRECTOR 82 Street Address (P.O. Box Number is Not Acceptable): 3333 W COMMERCIAL BLVD 83 SUITE 106 84 City: FT LAUDERDALE FL 85 Zip Code: 33309
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joan R. Wizner* JOAN R. WIZNER, DIRECTOR May 5, 1999 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB SCHWARTZBERG, GIL N 3801 S BROADWAY LOS ANGELES CA 90037	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD LEVEY, MARK B 5880 UPLANDER WAY CULVER CITY CA 90233	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S BERRICK, SHARON H 208 W 8TH ST LOS ANGELES CA 90014	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S SOLTON, E STEVEN 208 W 8TH ST LOS ANGELES CA 90014	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T ROTHMAN, CLAIRE L 3701 WILSHIRE BLVD. 7TH FLOOR LOS ANGELES CA 90014	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ARKIN, GEORGE 10850 WILSHIRE BLVD. #740 LOS ANGELES CA 90014	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: E. STEVEN SOLTON SIGNATURE REQUIRED May 5, 1999 (213) 626-4611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #  
*E S Solton*

CR2E037 (1/98)