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ANZA CAPITAL INC Form 4 April 24, 2003

OMB APPROVAL					
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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting	Person*	
Rinehart	Vince	
(Last)	(First)	(Middle)
3200 Bristol Street, Suite 700		
	(Street)	
Costa Mesa,	CA	92626
(City)	(State)	(Zip)
Anza Capital, Inc AZAC		
2. Issuer Name and Ticker or Tra	ding Symbol	
N/A		
3. IRS Identification Number of	Reporting Pers	on, if an Entity (Voluntary)
April 22, 2003		
4. Statement for Month/Day/Year		
5. If Amendment, Date of Origina	1 (Month/Day/V	oarl
J. II Amendment, Date of Offgina	I (MOHEII/Day/I	ear)

Relationship of Reporting Person to Issuer (Check all applicable)

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<pre>[X] Director [X] Officer (give title below)</pre>			<pre>[X] 10% Owner [_] Other (specify below)</pre>				
[X] Form fil	Joint/Group Filing (C ed by 1 Reporting Pers ed by more than 1 Repo	son)			
Table I	Non-Derivative Sec or Benefici		uired, Di	sposed of,			
1.	2. 2A. Dee Transaction Execut	emed Code		4. Securities Disposed of (Instr. 3,	f (D)	(A) or	
Title of Security (Instr. 3)	Date Date, (mm/dd/yy) any (mm/dd		e V	Amount	(A) or (D)	Price	
Common Stock	04/22/2003	P		1,000	А	0.50	
Common Stock	04/23/2003	P			A	0.50	
	n a separate line for rectly or indirectly. (Print or Ty			ties benefici SEC 1475	(Over)		
	tive Securities Acquir ts, calls, warrants, o	_		Beneficially			

5. Amo Sec Ben Own ing

(In

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1. Title Deriva	ntive	Deriv- ative	3.Trans- action Date (Month/	Date if any			5.Number of De Securities Acc or Disposed of (Instr.3,4 and
Securi (Instr	c. 3)	Secur- ity		dd/year)	Code	V	(A) or (D)
N/A							
=====							
Explar	nation of Res	ponses:					
	/s/ Vincent	Rinehart			04/23/	′03	
	**Signature				Date	<u> </u>	
*	T.C. I. De . Ce				Table of the A	1 (1-) ()	
				one person, see			
**	Criminal Vi			ons of facts co	nstitute Fede	eral	
Note:	: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.						

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