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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001813 (4)

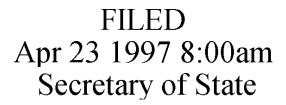
HEADLANDS MORTGAGE COMPANY

THE TANKS OF THE PARTY OF THE P

Principal Place of Business

Mailing Address

TOO LABUARIES LABRIES AIRALE MARA





LARKSPUR CA 94939		LARKSPUR CA 94939-1755			
				3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report 03/19/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied Fo
21		26		94-2851992	Not Applica
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ito	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Z</i> (p - -¬	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.037
24	25 9. Name and Address of Cur	29	30		Yes No
	***************************************	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
120	r corporation system Do South Pine Island Road Antation FL 33324)		dress (P.O. Box Number is Not Acceptal	ole)
			84 City		FL 85 Zip Code
11. Pursuan	to the provisions of Sections 607.	0502 and 607 1508, Florida Sta	tutes, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accept	
agent. I SiGNATURE	am familiar with, and accept the ob	oligations of, Section 607.0505,	Florida Statutes.	ration a board or all bottoms. Thoraby accept	or the appointment as registere
J'G-MYTONE	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Agent signature red	quired when reinstaling)	DATE
12.	OFFICERS	AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	
THE	V	☐ DELETE	1.1 TITLE		Change Add
NAME	MARTHINSEN, ART		1.2 NAME		
STREET ADDRESS		CIRCLE #250	1.3 STREET ADDRESS		
City-St-7iP	LARKSPUR CA		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Add
NAM E	HART, DENNIS		2.2 NAME		
STREET ADDRESS	700 LARKSPUR LANDING C	CIRCLE #250	2.3 STREET ADDRESS		
CITY - S1 - 7/P	LARKSPUR CA		2 4 CITY-ST-ZIP		
TITLE	EV	☐ DELETE	3.1 TITLE		Change Add
NAME	POISSON, BECKY		3.2 NAME		4
STREET ADDRESS	700 LARKSPUR LANDING C	PIRCLE #250	3.3 STREET ADDRESS		
CHY ST-ZIP	LARKSPUR CA	***************************************	3 4. CITY-ST-ZIP		
TOT.F	SV	DELETE	4.1 TITLE		Change Add
NAME	BOLAND, MICHAEL		4. 2 NAME		
STREET ADDRESS		CIRCLE #250	4.3 STREET ADDRESS		
CITY+S1-ZIP	LARKSPUR CA		4.4 CITY-ST-ZIP		
TITLE	SV	DELETE	51 TITLE		Change Add
NAME	CODDAIRE, KATIE		5.2 NAME		
STREET ADDRESS	700 LARKSPUR LANDING C	RCLE #250	5 3 STREET ADDRESS		
CHTY - ST - ZIP	LARKSPUR CA		5 4 CiTY-SY-ZIP		•
THEF	PD	DELETE	61 TITLE		Change Add
NAME	PAUL, PETER T.		62 NAME		- -
STREET ADDRESS	700 LARKKSPUR LANDING	CIRCLE #250	63 STREET ADDRESS		
CITY-ST-7/P	LARKSPUR CA		6.4 City-SY-ZIP		
	1 - 41161 611 613		0.4 0111.91.5tt		

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 use 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 in an address.

SIGNATURE: