

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000199 (8)**

1. Corporation Name
FIRST ALLIANCE MORTGAGE COMPANY



Principal Place of Business: **701 S. PARKER ST., #5000 ORANGE CA 92668**
Mailing Address: **701 S. PARKER ST., #5000 ORANGE CA 92668**

3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report
4. FET Number 95-2944875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 17305 Von Karman Ave. State, Apt. #, etc. 22 City & State 23 Irvine, CA Zip Country 24 92714-6203 25 USA	2a. Mailing Address 26 17305 Von Karman Ave. State, Apt. #, etc. 27 City & State 28 Irvine, CA Zip Country 29 92714-6203 30 USA
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9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST 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
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11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PDCE CHISICK, BRIAN 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	Exec. VP, CFO MASON, MARK 17305 Von Karman Avenue Irvine, CA 92714-6203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD CHISICK, SARAH 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	*All Officers at new address: 17305 Von Karman Avenue Irvine, CA 92714-6203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD TOM, PEGGY 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V BOLLONG, BRUCE 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SMITH, JEFFREY 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V SULLIVAN, PATTY 701 S. PARKER ST., #5000 ORANGE CA 92668 <input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an additional sheet with an address.

SIGNATURE: *Brian Chisick* **2/14/96 714)824-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)