

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000199 (8)
 1. Corporation Name
FIRST ALLIANCE MORTGAGE COMPANY



Principal Place of Business 17305 VON KARMAN AVE IRVINE CA 92714-203 US	Mailing Address 17305 VON KARMAN AVE IRVINE CA 92714-203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/12/1995
21	26	4. FET Number 95-2944875
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	
24 92614-6203	25	
	29 92614-6203	30

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
	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE <input type="checkbox"/> DELETE	1.1 TITLE	EVP/Marketing, Telemarketing <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISICK, BRIAN	1.2 NAME	Randy McPhillips
STREET ADDRESS	17305 VON KARMAN AVE	1.3 STREET ADDRESS	17305 Von Karman Avenue
CITY-ST-ZIP	IRVINE CA 03	1.4 CITY-ST-ZIP	Irvine, CA 92614
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VP/Funding <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHISICK, SARAH	2.2 NAME	Dennis Deboer
STREET ADDRESS	17305 VON KARMAN AVE	2.3 STREET ADDRESS	17305 Von Karman Avenue
CITY-ST-ZIP	IRVINE CA 03	2.4 CITY-ST-ZIP	Irvine, CA 92614
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, PEGGY	3.2 NAME	
STREET ADDRESS	17305 VON KARMAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 03	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLONG, BRUCE	4.2 NAME	
STREET ADDRESS	17305 VON KARMAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 03	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JEFFREY	5.2 NAME	
STREET ADDRESS	17305 VON KARMAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 03	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATTY	6.2 NAME	
STREET ADDRESS	17305 VON KARMAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 03	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.

SIGNATURE _____ DATE **4/21/1998** (714) 394-8500

CR2E034 (10/97)