

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90025 014 ***150.00
 05-19-1999 90025 013 *****8.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000199 (8)

1. Corporation Name

FIRST ALLIANCE MORTGAGE COMPANY

Principal Place of Business

Mailing Address

**17305 VON KARMAN AVENUE
 IRVINE CA 92614-6203
 US**

**17305 VON KARMAN AVENUE
 IRVINE CA 92614-6203
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

95-2944875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 N. MAGNOLIA STREET
 TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDCE** DELETE
 NAME **BRIAN CHISICK**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **SARAH CHISICK**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **FRANCISCO NEBOT**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **BRUCE BOLLONG**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **JEFFREY SMITH**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **PATTY SULLIVAN**
 STREET ADDRESS **17305 VON KARMAN AVENUE**
 CITY-ST-ZIP **IRVINE CA 92614-6203**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Jeffrey Smith

04/28/99

(949) 224-8335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey Smith EVP & COO

CR2E034 (1/98)