

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 26 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000000256 (5)

1. Corporation Name  
 VIRTUAL MORTGAGE NETWORK, INC.



Principal Place of Business: 4590 MACARTHUR BLVD., #175 NEWPORT BEACH CA 92660  
 Mailing Address: 4590 MACARTHUR BLVD., #175 NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/16/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		88-0334342	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Executive Vice President
NAME	DAVID, DIANNE D	1.2 NAME	Director
STREET ADDRESS	4590 MACARTHUR BLVD., #175	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	Vice President/Secretary
NAME	SHOREY, LEE W	2.2 NAME	
STREET ADDRESS	4590 MACARTHUR BLVD., #175	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	CEO - Director
NAME	BARRON, MICHAEL A	3.2 NAME	
STREET ADDRESS	4590 MACARTHUR BLVD., #175	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	President
NAME		4.2 NAME	John D. Murray
STREET ADDRESS		4.3 STREET ADDRESS	4590 MacArthur Blvd., #175
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Newport Beach CA 92660
TITLE		5.1 TITLE	Vice President
NAME		5.2 NAME	David A Goldberg
STREET ADDRESS		5.3 STREET ADDRESS	4590 MacArthur Blvd., Suite 175
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_ SIGNATURE REQUIRED 8/21/97 7:42:0700

CR2E034 (4/97)