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Jan 21 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 # 858178 (7)

1. Corporation Name
SAVINGS OF AMERICA, INC.

Principal Place of Business
4900 RIVERGRADE ROAD.
IRWINDALE CA 91706
US

Mailing Address
HOME SAVINGS OF AMERICA, CORP., TAX DEPT.
4900 RIVERGRADE RD.
IRWINDALE CA 91706-1404
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1983	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-3840802	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSETT, TIM S.	1.2 NAME	
STREET ADDRESS	4900 RIVERGRADE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, LINDA	2.2 NAME	
STREET ADDRESS	4900 RIVERGRADE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, GEORGE	3.2 NAME	
STREET ADDRESS	4900 RIVERGRADE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZ, C. R.	4.2 NAME	
STREET ADDRESS	4900 RIVERGRADE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, DALLIS E.	5.2 NAME	President/Director
STREET ADDRESS	4900 RIVERGRADE ROAD	5.3 STREET ADDRESS	David S. DePillo
CITY-ST-ZIP	IRWINDALE CA	5.4 CITY-ST-ZIP	4900 Rivergrade Rd.
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERICKSON, CRAIG	6.2 NAME	
STREET ADDRESS	4900 RIVERGRADE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRWINDALE CA	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:

Constantino R. Raz

Vice Pres

1/21/97

(818) 814-7161

CR2E034 (9/96)