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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA'DEPÄRTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F95000000199 (8)

FIRST ALLIANCE MORTGAGE COMPANY

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

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

Principal Place	e of Business	Mailing Address							
17305 VON KARMAN AVENUE 17305 VON KARMA		IAN AVENUE		3					
IRVINE CA 92614-6203		IRVINE CA 9261	IRVINE CA 92614-6203		DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed				
					01/12/1995			-	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number		- A	pplied For	
21		26			95-2944875		N	ot Applicable	
		Suite, Apt. #, etc.	#, etc.			X	\$8.75	Additional	
22		27			5. Certifcate of Status Desired		Fee R	equired	
City & Stat	е	City & State	-		6. Election Campaign Financing	П	\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip -	Country	<i>,</i> -	8. This corporation owes the curre				
24	25	29 3	0		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered A	gent		
THE PRE	NTICE-HALL CORPORAT	ION SYSTEM, INC.	81	Nam	e				
1	MAGNOLIA STREET		82	Stree	et Address (P.O. Box Number is Not Accepta	ble)			
	SSEE FL 32301		_						
	.bblb 11 32301		83	i					
			84	City			85 Zip	Code	
						<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was auth	, the abov lorized by	e-name	ed corporation submits this statement for the reporation's board of directors. I hereby accep	purpose of chat t the appoint	ianging its ment as re	s registered egistered	
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florid	a Statutes	3.	,,,			<u> </u>	
SIGNATURE									
42	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re D DIRECTORS	egistered Age	nt signatur	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIBECTO	DRS IN 12	
12.	PDCE	D DIRECTORS DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition	
	BRIAN CHISICK	C DECENE	1.2 NAME		1				
NAME		TENTIE	1.3 STREE	7 40005					
STREET ADDRESS	17305 VON KARMAN AV 1RVINE CA 92614-620	O3			33				
CITY-ST-ZIP TITLE	V	DELETE	2.1 TITLE	11-211			Change	Addition	
NAME	SARAH CHISICK		2.2 NAME				_ ,	_	
STREET ADDRESS	17305 VON KARMAN AV	VENUE	2.3 STREE	TADDOES	22				
	IRVINE CA 92614-620	03	2.4 CITY		~				
CITY-ST-ZIP TITLE	VD	☐ DELETE	3.1 TITLE	31.71			Change	☐ Addition	
NAME	-FRANCISCO-NEBOT-		3.2 NAME						
STREET ADDRESS	17305 VON KARMAN AV	VENUE	3.3 STREE	TADDRES	ss				
CITY-ST-ZIP	IRVINE CA 92614-620		3.4. CITY-1						
TITLE	V	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	BRUCE BOLLONG		4 2 NAME						
STREET ADDRESS	17305 VON KARMAN AV	VENUE	4.3 STREE	TADDRES	s				
CITY-ST-ZIP	IRVINE CA 92614-620	03	4.4 CITY-5						
TITLE	VD	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	JEFFREY SMITH		5.2 NAME						
STREET ADDRESS	17305 VON KARMAN AV	VENUE	5.3 STREE	T ADDRES	s				
CITY-ST-ZIP	IRVINE CA 92614-620	03	5.4 CITY-S	T-ZIP					
TITLE	V	☐ DELETE	6.1 TITLE			ļ	Change	Addition	
NAME	PATTY SULLIVAN		6.2 NAME						
STREET ADDRESS	17305 VON KARMAN AV	VENUE	6.3 STREE	TADDRES	s				
	TOUTHE 04 00(1/ (0)	n 2							

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 attack ment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FUD & COO

FFrom Cmith

04/28/99 Date (949) 224-8335

Daytime Phone #

CR2E034 (11/98)