

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001593 (1)

1. Corporation Name

NATIONSCAPITAL MORTGAGE CORPORATION



Principal Place of Business

2922 E. CHAPMAN AVE. SUITE 202
ORANGE CA 92669-3711

Mailing Address

2922 E. CHAPMAN AVE. SUITE 202
ORANGE CA 92669-3711

Address has been changed. We notified State. See Below.

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 1045 W. Katella Ave. #200

2a. Mailing Address

26

Suite, Apt. #, etc.

22 #200

Suite, Apt. #, etc.

27

City & State

23 Orange, CA

City & State

28

Zip

24 92667

Country

25 USA

Zip

29

Country

30

4. FEI Number

33-0635211

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PCVS ☐ DELETE

NAME CHISICK, JAMIE
STREET ADDRESS 2922 E. CHAPMAN AVE., SUITE 202
CITY-ST-ZIP ORANGE CA 92669-3711

TITLE D ☐ DELETE

NAME CHISICK, JAMIE
STREET ADDRESS 2922 E. CHAPMAN AVE., SUITE 202
CITY-ST-ZIP ORANGE CA 92669-3711

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1045 W. KATELLA AVE, SUITE 200
ORANGE, CA 92668

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1045 W. KATELLA AVE, SUITE 200
ORANGE, CA 92668

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE CHISICK

4/19/96

(714) 639-2700

Date

Daytime Phone #

CR2E034 (12/95)