

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

FILED
97 JAN -8 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004767

1. Corporation Name

BrooksAmerica Mortgage Corporation

Principal Place of Business

6 Hutton Centre Dr., #1020
Santa Ana, CA 92707

Mailing Address

6 Hutton Centre Dr., #1020
Santa Ana, CA 92707

2. Principal Place of Business

21 6 Hutton Centre Dr.

Suite, Apt. #, etc.

22 1020

City & State

23 Santa Ana, CA

Zip

24 92707

Country

25 Orange

2a. Mailing Address

26 6 Hutton Centre Dr.

Suite, Apt. #, etc.

27 1020

City & State

28 Santa Ana, CA

Zip

29 92707

Country

30 Orange

3. Date Incorporated or Qualified
10/2/95

3a. Date of Last Report
9/30/96

4. FFI Number
95-4037912

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

CT 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

P

1.2 NAME

Michael W. Brooks

1.3 STREET ADDRESS

6 Hutton Centre Dr., #1020

1.4 CITY-ST-ZIP

Santa Ana, CA 92707

2.1 TITLE

VP

2.2 NAME

Stanley D. Kirst, Jr.

2.3 STREET ADDRESS

6 Hutton Centre Dr., #1020

2.4 CITY-ST-ZIP

Santa Ana, CA 92707

3.1 TITLE

S & T

3.2 NAME

Jerry D. Cottle

3.3 STREET ADDRESS

6 Hutton Centre Dr., #1020

3.4 CITY-ST-ZIP

Santa Ana, CA 92707

4.1 TITLE

D

4.2 NAME

Karen E. Brooks

4.3 STREET ADDRESS

6 Hutton Centre Dr., #1020

4.4 CITY-ST-ZIP

Santa Ana, CA 92707

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002058012-0

-01/14/97-01179-004

****225.00 ****225.00

JB1-9-97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/96

Date

(714) 241-0515

Daytime Phone #

CR2E034 (3/96)