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Mar 18 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 # F95000005428 (6)

1. Corporation Name

MORTGAGE CAPITAL RESOURCE CORPORATION



Principal Place of Business

850 E. WASHINGTON STREET
SECOND FLOOR
COLTON CA 92324

Mailing Address

850 E. WASHINGTON STREET
SECOND FLOOR
COLTON CA 92324-8101

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2038 IOWA AVENUE

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 RIVERSIDE, CA.

Zip

24 92507

Country

25 RIVERSIDE

2a. Mailing Address

26 2038 IOWA AVENUE

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 RIVERSIDE, CA.

Zip

29 92507

Country

30 RIVERSIDE

4. FEI Number

33-0425172 #33-0427664

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

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

10. Name and Address of New Registered Agent

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

Subject to type for printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KETNER, KENNETH
STREET ADDRESS 3 HUTTOBN CENTRE DR., #150
CITY-ST-ZIP SANTA ANA CA 92707

TITLE ☐ DELETE

NAME CEO LUBY, ROGER
STREET ADDRESS 3 HUTTON CENTRE DR., #150
CITY-ST-ZIP SANTA ANA CA 92707

TITLE ☒ DELETE

NAME S BAINGO, CRAIG
STREET ADDRESS 850 E. WASHINGTON ST., SECOND FLOOR
CITY-ST-ZIP COLTON CA 92324

TITLE ☒ DELETE

NAME CFO BAINGO, CRAIG
STREET ADDRESS 850 EAST WASHINGTON ST., SECOND FLOOR
CITY-ST-ZIP COLTON CA 92324

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Secretary/ Executive V.P.
Beverly Fleming
2038 Iowa Ave. Suite 100
Riverside, Ca. 92507

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Beverly Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

Date

(909) 787-4088

Daytime Phone

CR2E034 (9/96)