

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

FILED

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
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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
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3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 33-0425172 #33-0427664	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2038 IOWA AVENUE	2a. Mailing Address 26 2038 IOWA AVENUE
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 RIVERSIDE, CA.	City & State 28 RIVERSIDE, CA.
Zip 24 92507	Country 25 RIVERSIDE
Zip 29 92507	Country 30 RIVERSIDE

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
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 _____ DATE _____
Subject to type for printed name of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KETNER, KENNETH
STREET ADDRESS	3 HUTTOBN CENTRE DR., #150
CITY-ST-ZIP	SANTA ANA CA 92707
TITLE	CEO <input type="checkbox"/> DELETE
NAME	LUBY, ROGER
STREET ADDRESS	3 HUTTON CENTRE DR., #150
CITY-ST-ZIP	SANTA ANA CA 92707
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BAINGO, CRAIG
STREET ADDRESS	850 E. WASHINGTON ST., SECOND FLOOR
CITY-ST-ZIP	COLTON CA 92324
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	BAINGO, CRAIG
STREET ADDRESS	850 EAST WASHINGTON ST., SECOND FLOOR
CITY-ST-ZIP	COLTON CA 92324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary/ Executive V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beverly Fleming
3.3 STREET ADDRESS	2038 Iowa Ave. Suite 100
3.4 CITY-ST-ZIP	Riverside, Ca. 92507
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**  **3/13/97** (909) 787-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)