

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000005866 (7)**

1. Corporation Name

**EXPRESS CAPITAL MORTGAGE CORPORATION**



Principal Place of Business

Mailing Address

C/O 500 N STATE COLLEGE BLVD #800  
ORANGE CA 92668

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ORANGE CA 92668

3. Date Incorporated or Qualified  
**12/01/1995**

3a. Date of Last Report

4. FEI Number

**33-0680430**

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

2. Principal Place of Business

2a. Mailing Address

21 **770 THE CITY DRIVE SOUTH**

26 Subd. Apt. #, etc.

Suite, Apt. #, etc. **5250 SUITE 5250**

27 City & State

23 **ORANGE, CA**

28 Zip

24 **92668**

25 Country

**USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRINKMAN, EDDIE**  
1881 UNIVERSITY DR #111  
CORAL SPRINGS FL 33071

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 of the individual named as registered agent on this page (Date)

Signature of Registered Agent of the corporation (Date)

**MAY 22, 1996**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>COHEN, STEVEN M</b>	
STREET ADDRESS	<b>430 LEWERS ST #703C</b>	
CITY-ST-ZIP	<b>HONOLULU HI 96815</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CHISICK, BRAD</b>	
STREET ADDRESS	<b>8228 BLACKWILLOW CIR #110</b>	
CITY-ST-ZIP	<b>ANAHEIM HILLS CA 92808</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 and any 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment to, an address.

SIGNATURE: (PRESIDENT)

5-22-96

1800/731-3160

CR2E034 (12/95)