

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 **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 or registered agent on 11th Page 1 of 2

Signature of Registered Agent on 11th Page 1 of 2

MAY 22, 1996
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | COHEN, STEVEN M | |
| STREET ADDRESS | 430 LEWERS ST #703C | |
| CITY-ST-ZIP | HONOLULU HI 96815 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CHISICK, BRAD | |
| STREET ADDRESS | 8228 BLACKWILLOW CIR #110 | |
| CITY-ST-ZIP | ANAHEIM HILLS CA 92808 | |
| 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 | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 1A 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)