

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

**FILED**  
**Jun 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005866 (7)**  
 1. Corporation Name  
**EXPRESS CAPITAL MORTGAGE CORPORATION**



Principal Place of Business <b>770 THE CITY DRIVE SOUTH                  SUITE 5250                  ORANGE CA 92668                  US</b>	Mailing Address <b>C/O 500 N STATE COLLEGE BLVD #800                  ORANGE CA 92668</b>
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2. Principal Place of Business 21 <b>500 S. MAIN STREET</b> Suite, Apt. #, etc. 22 <b>SUITE 875</b> City & State 23 <b>ORANGE, CA</b> Zip 24 <b>92868</b>	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>12/01/1995</b>	3a. Date of Last Report <b>05/30/1996</b>
4. FEI Number <b>33-0680430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

<b>BRINKMAN, EDDIE</b> <b>1881 UNIVERSITY DR #111</b> <b>CORAL SPRINGS FL 33071</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	<b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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]* DATE: **6-18-97**

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

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *[Signature]* DATE: **6-18-97** (714) 834-1104

CR2E034 (9/96)