

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000001292 (9)

1. Corporation Name  
HARBORSIDE ACCEPTANCE COMPANY, INC.

Principal Place of Business  
27812 EL LAZO RD  
LAGUNA NIGUEL CA 92677  
US

Mailing Address  
27611 LA PAZ RD., #B  
LAGUNA NIGUEL CA 92677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27631 La Paz Road Suite, Apt. #, etc. 22 City & State 23 Laguna Niguel, Ca. 24 Zip 25 92677 Country 26 U.S.A.		2a. Mailing Address 26 27631 La Paz Road Suite, Apt. #, etc. 27 City & State 28 Laguna Niguel, Ca. 29 Zip 30 92677 Country 31 U.S.A.		3. Date Incorporated or Qualified 03/13/1996	
4. FEI Number <del>99-0687084</del> 33-0094295		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 E. PARK AVE. TALLAHASSEE FL 32301		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 FL	
--	--	--	--

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PD
NAME	GRECO, DOMINIC	1.2 NAME	
STREET ADDRESS	7 CRYSTALGLEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALISO VIEJO CA	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	
NAME	WILKINSON, WILLIAM	2.2 NAME	
STREET ADDRESS	7308 MOUNTAIN ASH	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38125	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	VSD
NAME	DUNN, MICHAEL	3.2 NAME	
STREET ADDRESS	33831 CONNEMARA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN CAPISTRANO CA 92675	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	HERTZ, HORACE	4.2 NAME	
STREET ADDRESS	26132 RED CORRAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	C
NAME		5.2 NAME	Anthony Belletieci
STREET ADDRESS		5.3 STREET ADDRESS	9 Crestview Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pleasantville, N.Y. 10570
TITLE		6.1 TITLE	D
NAME		6.2 NAME	John Murphy
STREET ADDRESS		6.3 STREET ADDRESS	3964 King Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Seaford, N.Y. 11783

14. I 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: Michael R. Dunn  
Executive V.P. 4-8-98 714-448-4191

CR2E034 (10/97)