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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003477 (4)

MORTGAGE LENDERS' ACCEPTANCE CORP.

Principal Place of Business		Mailing Address		# INCIDENTIAL FILE FRANCE BUILDER BURST CONTRACTOR	DINI DOVED SURY DICH INDU IDA EDDI
23172 PLAZA POINT DR. LAGUNA HILLS CA 92653		23172 PLAZA POINT OR. LAGUNA HILLS CA 82853-1477			
				3. Date Incorporated or Qualified 07/09/1996	3a. Date of Last Report
· ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		33-0597512	Not Applicable
Suito, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		, , , ,	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inf	tangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	stered Agent
WHITACRE, KAREN 81 Name				ARSHA BRUDWOFT	~
308 BLAIRMORE BLVD.				dress (P.O. Box Number is Not Acceptable	
ORANGE PARK FL 32073			83 504	N. UNIVERSITY DAINE	
i			63	•	
			84 City		FL 85 Zip Code
44 Duramont	to the provisions of Captions 607 05	00 and 607 1509 Etarida Statuta	7AM	MARAC	rpage of changing its registered
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 tamiliar with, and accept the obligations of, Section 607.0305, Florida Statutes.					
	m tamiliar with, and accept the oblig	pations of, Section 607.0005, Flor	Acrobo Oru	innularly Prod	ILLOION
SIGNATURE	Signally e, typus or printed name or reserved as	ent and title if applicable (NOTE	: Registered Agent signature red	julred when reinstaling)	41971
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
THLE	CP	DELETE		· P.	Change Addition
NAME	STUCKEY, SAMUEL P		1.2 NAME	CUSSELL, JOHN CLIP. 14782 ROCKEUS LAN	
STREET ADDRESS	33575 VIA CORVALIAN		1.3 STREET ADDRESS	4782 ROCHEUS LAN	
C-TY - ST - ZIP	DANA POINT CA 92629			AKE FOREST, CA 92	2430
TOTAL	V	DELETE	2.1 TITLE	•	L. Change L. Addition
NAME	STUCKEY, ERIC		2.2 NAME		
STREEL ADDRESS	33571 OLDBRIDGE RD.		2.3 STREET ADDRESS		
CITY ST ZIP	DANA POINT CA 92629	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	S Stuckey, Patricia a	Doctor	3.2 NAME		orienge
STREET ADDRESS	33575 VIA CORVALIAN		3.3 STREET ADDRESS		
CHTV - ST - ZIP	DANA POINT CA 92629		3.4. CITY-ST-ZIP		
DILE	DAILY OUT ON GEGES	DELETE	4.1 TITLE		Change Addition
NAME		****	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZOF			4.4 CITY - ST - ZIP		Ì
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADURESS			5.3 STREET ADDRESS		
CITY - \$1 - ZIP			5.4 CITY - ST- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1	i				

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.

FILED

May 12 1997 8:00am

Secretary of State