

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003477 (4)**

1. Corporation Name

**MORTGAGE LENDERS' ACCEPTANCE CORP.**

Principal Place of Business

**23172 PLAZA POINT DR.  
LAGUNA HILLS CA 92653**

Mailing Address

**23172 PLAZA POINT DR.  
LAGUNA HILLS CA 92653**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/09/1996**

4. FEI Number

**33-0597512**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRUNNORTH, MARSHA  
5804 N. UNIVERSITY DRIVE  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

**ELZIE, DANNIE GENE**

82 Street Address (P.O. Box Number is Not Acceptable)

**750 S. Orange Blossom Trail, Suite 102**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32819**

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

*Dannie B. Elzie*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE

NAME **STUCKEY, SAMUEL P**  
STREET ADDRESS **33575 VIA CORVALIAN**  
CITY-ST-ZIP **DANA POINT CA 92629**

TITLE **V** ☐ DELETE

NAME **STUCKEY, ERIC**  
STREET ADDRESS **33571 OLDBRIDGE RD.**  
CITY-ST-ZIP **DANA POINT CA 92629**

TITLE **S** ☐ DELETE

NAME **STUCKEY, PATRICIA A**  
STREET ADDRESS **33575 VIA CORVALIAN**  
CITY-ST-ZIP **DANA POINT CA 92629**

TITLE **VP** ☐ DELETE

NAME **RUSSELL, JOHN C JR.**  
STREET ADDRESS **24782 ROCHELLE LANE**  
CITY-ST-ZIP **LAKE FORSET CA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE

**JOHN C. RUSSELL, JR. Senior Vice President 02/09/98 (800)500-0610**

CR2E034 (10/97)