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FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006323 (7)

1. Corporation Name  
NEW CENTURY MORTGAGE CORPORATION



Principal Place of Business  
4910 BIRCH ST., #100  
NEWPORT BEACH CA 92660

Mailing Address  
4910 BIRCH ST., #100  
NEWPORT BEACH CA 92660-2113

3. Date Incorporated or Qualified  
12/04/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	93-1195257	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS  
526 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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	COLE, ROBERT K	1.2 NAME	
STREET ADDRESS	1370 CIRCLE WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAGUNA BEACH CA 92651	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	CHU, SHERMAN	2.2 NAME	
STREET ADDRESS	6421 E. NISBET	2.3 STREET ADDRESS	
CITY- ST- ZIP	SCOTTSDALE AZ 85254	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	BENTLEY, JOHN C	3.2 NAME	
STREET ADDRESS	6549 E. IRONWOOD DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PARADISE VALLEY AZ 85253	3.4 CITY- ST- ZIP	
TITLE	DCEO	4.1 TITLE	
NAME	MORRICE, BRAD A	4.2 NAME	
STREET ADDRESS	2481 PARK AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	LAGUNA BEACH CA 92651	4.4 CITY- ST- ZIP	
TITLE	PD	5.1 TITLE	
NAME	HOLDER, STEVE G	5.2 NAME	
STREET ADDRESS	25032 NELLIE GAIL RD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	LAGUNA HILLS CA 92653	5.4 CITY- ST- ZIP	
TITLE	DCFO	6.1 TITLE	
NAME	GOTSCHALL, ED F	6.2 NAME	
STREET ADDRESS	18 PALOMINO	6.3 STREET ADDRESS	
CITY- ST- ZIP	COTO DE CAZA CA 92679	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone # 0011208

CRF-034 (9/96)