

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90004 025 ***550.00

DOCUMENT # F96000006323

1. Corporation Name

NEW CENTURY MORTGAGE CORPORATION

Principal Place of Business

18400 VON KARMAN
STE 1000
IRVINE CA 92612
US

Mailing Address

18400 VON KARMAN
STE 1000
IRVINE CA 92612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

93-1195257

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
COLE, ROBERT K
STREET ADDRESS
1370 CIRCLE WAY
CITY-ST-ZIP
LAGUNA BEACH CA 92651

TITLE ☐ DELETE

NAME
DCEO
MORRICE, BRAD A
STREET ADDRESS
2461 PARK AVE.
CITY-ST-ZIP
LAGUNA BEACH CA 92651

TITLE ☐ DELETE

NAME
PD
HOLDER, STEVE G
STREET ADDRESS
25032 NELLIE GAIL RD.
CITY-ST-ZIP
LAGUNA HILLS CA 92653

TITLE ☐ DELETE

NAME
SVP
RIGDON, PAUL
STREET ADDRESS
24761 CASTLE HILL
CITY-ST-ZIP
LAGUNA NIGUEL CA 92677

TITLE ☐ DELETE

NAME
CEO
HOLDER, STEVEN
STREET ADDRESS
25032 NELLIE GAIL RD.
CITY-ST-ZIP
LAGUNA HILLS CA 92653

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brad A. Morrice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad A. Morrice, CEO

5/21/99

Date

(800)967-7623

Daytime Phone #

CR2E034 (11/98)

0653546