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

0553627

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90130 024 ***150.00

DOCUMENT # F97000000568

1. Corporation Name

MARINA MORTGAGE COMPANY, INC.

Principal Place of Business	Mailing Address
15635 ALTON PKWY., #450 IRVINE CA 92618	15635 ALTON PKWY., #450 IRVINE CA 92618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/03/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21		26		33-1260709 33-0260709		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired ☐		**$8.75** Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing ☐ Trust Fund Contribution		**$5.00** May Be Added to Fees
23		28				
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		
24	25	29	30			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____   DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSTON, JOHN A		1.2 NAME	Robin L. Johnston	
STREET ADDRESS	15635 ALTON PKWY., #450		1.3 STREET ADDRESS	15635 Alton Pkwy, #450	
CITY-ST-ZIP	IRVINE CA 92618		1.4 CITY-ST-ZIP	Irvine, CA 92618	
TITLE	PTD	☐ DELETE	2.1 TITLE	V/S	☐ Change ☒ Addition
NAME	BERGUM, RONALD L		2.2 NAME	Kent D. Pelt	
STREET ADDRESS	15635 ALTON PKWY., #450		2.3 STREET ADDRESS	15635 Alton Pkwy, #450	
CITY-ST-ZIP	IRVINE CA 92618		2.4 CITY-ST-ZIP	Irvine, CA 92618	
TITLE	SVD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DILLINGHAM, BEVERLY A		3.2 NAME		
STREET ADDRESS	15635 ALTON PKWY., #450		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEMARTI, CHARLES M		4.2 NAME		
STREET ADDRESS	15635 ALTON PKWY., #450		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEFFARD, JULIE L		5.2 NAME		
STREET ADDRESS	15635 ALTON PKWY., #450		5.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NARROW, VERONICA		6.2 NAME		
STREET ADDRESS	15635 ALTON PKWY., #450		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92618		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: Kent D. Pelt   4-14-99   (949) 753-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #