SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $780).

FILED
Aug 20 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F97000005424

1. Corporation Name
MAC LOAN CORP.

05/10/99 90231 002 150.00
08/20/99 90001 023 550.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2424 VISTA WAY~~	~~2424 VISTA WAY~~
~~SUITE 300~~	~~SUITE 300~~
~~OCEANSIDE CA 92054-6169~~	~~OCEANSIDE CA 92054-6169~~

3. Date Incorporated or Qualified: 10/14/1997

2. Principal Place of Business	2a. Mailing Address
21 2221 EL CAMINO REAL	26 2221 EL CAMINO REAL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCEANSIDE CA.	City & State 28 OCEANSIDE CA
Zip 24 92054 Country 25 SAN DIEGO	Zip 29 92054 Country 30 SAN DIEGO

4. FEI Number: 95-4344865 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FRADELIS, LEO E		1.2 NAME	FRADELIS, LEO E	
STREET ADDRESS	2424 VISTA WAY SUITE 300		1.3 STREET ADDRESS	2221 EL CAMINO REAL	
CITY-ST-ZIP	OCEANSIDE CA 92054-6169		1.4 CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE	DT	☐ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	KIRKHAM, GEORGE M		2.2 NAME	KIRKHAM, GEORGE M	
STREET ADDRESS	2424 VISTA WAY SUITE 300		2.3 STREET ADDRESS	2221 EL CAMINO REAL	
CITY-ST-ZIP	OCEANSIDE CA 92054-6169		2.4 CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE	DV	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	PANTHER, JAMES B II		3.2 NAME	CYNTHIA T. MCCLURE	
STREET ADDRESS	2424 VISTA WAY SUITE 300		3.3 STREET ADDRESS	2221 EL CAMINO REAL	
CITY-ST-ZIP	OCEANSIDE CA 92054-6169		3.4 CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE	S	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GENEVAY, MICHAEL T		4.2 NAME	JORGE MONTOYA	
STREET ADDRESS	2424 VISTA WAY SUITE 300		4.3 STREET ADDRESS	2221 EL CAMINO REAL	
CITY-ST-ZIP	OCEANSIDE CA 92054-6169		4.4 CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	BURAK CERREHOGLU	
STREET ADDRESS			5.3 STREET ADDRESS	2221 EL CAMINO REAL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	OCEANSIDE CA 92054	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: [signature] GEORGE M. KIRKHAM 08-04-99 (760) 721-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #