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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001385

1. Corporation Name

PACIFICAMERICA MONEY CENTERS, INC.

Principal Place of Business
21031 VENTURA BLVD
WOODLAND HILLS CA 91364

Mailing Address
21031 VENTURA BLVD
WOODLAND HILLS CA 91364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1998	
21		26		4. FEI Number 95-4465732	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
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
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, JOEL R	1.2 NAME	
STREET ADDRESS	4267 MARINA CITY DRIVE #606	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARINA DEL REY CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, RICHARD D	2.2 NAME	
STREET ADDRESS	5500 WEMBLY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA CA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, CHARLES J	3.2 NAME	
STREET ADDRESS	3604 HAYVENHURST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREMED, RICHARD B	4.2 NAME	
STREET ADDRESS	19917 CANTARA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, PAUL D	5.2 NAME	
STREET ADDRESS	16328 TUDOR DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BRIAN	6.2 NAME	
STREET ADDRESS	3 MANOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Siegel
Charles J. Siegel

Date

1/21/99

Daytime Phone #

(818) 901-8900

CR2E034 (11/98)