


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90154 007 ***158.75

0554568

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

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		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, RICHARD D		2.2 NAME		
STREET ADDRESS	5500 WEMBLEY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<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	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BRIAN		6.2 NAME	Norman Markiewicz	
STREET ADDRESS	3 MANOR DRIVE		6.3 STREET ADDRESS	29532 Bertrand Drive	
CITY-ST-ZIP	WARREN NJ		6.4 CITY-ST-ZIP	Agoura Hills, CA 91301	

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]* Date: **1/21/99** Daytime Phone #: **(818) 901-8900**

CR2E034 (11/98)