FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT.

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73587

1. Corporation Name

FPA MORTGAGE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3500 GATEWAY DR.	3500 GATEWAY DRIVE
SUITE 201	SUITE 201
POMPANO BEACH, FLA 33069	POMPANO BEACH, FLA 33069

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 8/29/85
3a. Date of Last Report: 8/17/95
4. FEI Number: 59-2565960 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIBO B FINEBERG
3500 GATEWAY DR 201
POMPANO BEACH, FL 33069

10. Name and Address of New Registered Agent

81 Name: N/A
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: N/A
Signature, Type or Print Name of Individual Authorized by Section 607.0505 — (If This Document Appointing New Registered Agent) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JEFFREY P. ORLEANS		1.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQ, SUITE 101, 3333 STREET RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		1.4 CITY-ST-ZIP		
TITLE	PRES	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BENJAMIN GOLDMAN		2.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQ, SUITE 101, 3333 STREET RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		2.4 CITY-ST-ZIP		
TITLE	VICE PRES.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIBO FINEBERG		3.2 NAME		
STREET ADDRESS	3500 GATEWAY DRIVE, SUITE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FLA 33069		3.4 CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH A. SANTANGELO		4.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQ. SUITE 101, 3333 STREET RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] CEO/TREAS 4/30/96 CS 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
JOSEPH A SANTANGELO

Daytime Phone # 1-954-975-6060
1-215-941-8902

CR2E034 (12/95)