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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P41046 (4)
1. Corporation Name
THE FIRST NATIONAL MORTGAGE EXCHANGE, INC.



Principal Place of Business Mailing Address
6167 BRISTOL PARKWAY 4201 LONG BEACH BOULEVARD
SUITE 330 SUITE 303
CULVER CITY CA 90230 LONG BEACH CA 90807-2021
US US

3. Date Incorporated or Qualified 10/14/1992 3a. Date of Last Report 01/30/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 6167 Bristol Parkway
22 City & State 27 Suite #330
23 Zip 28 Culver City, CA
24 Country 29 90230 30 USA

4. FEI Number 22-287331 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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301
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
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOURY, S. MICHAEL	1.2 NAME	
STREET ADDRESS	6167 BRISTOL PARKWAY, SUITE 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, DAVID	2.2 NAME	
STREET ADDRESS	6167 BRISTOL PARKWAY, SUITE 330	2.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, JOSE D	3.2 NAME	
STREET ADDRESS	4201 LONG BEACH BLVD, SUITE 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, DOUGLAS E	4.2 NAME	
STREET ADDRESS	6167 BRISTOL PARKWAY, SUITE 330	4.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, SENEN	5.2 NAME	
STREET ADDRESS	4201 LONG BEACH BLVD, SUITE 303	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA TORRE, SENEN	6.2 NAME	
STREET ADDRESS	4201 LONG BEACH BLVD STE 303	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	

14. I do 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]* January 08, 1997 8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Licensing and

CR2E034 (9/96)