

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # F94000002095 (7)

1. Corporation Name
CALIFORNIA LENDING GROUP, INC.



Principal Place of Business

**3351 MICHELSON DR #100
 SUITE 100
 IRVINE CA 92612
 US**

Mailing Address

**3351 MICHELSON DR
 #100
 IRVINE CA 92612
 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
04/21/1994

4. FET Number
33-0407459

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current 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

85 Zip Code **FL**

10. Name and Address of New Registered Agent

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 _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P SWARTZ, LARRY A**

STREET ADDRESS **57 CORONADO POINTE**

CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE DELETE

NAME **V DUDEN, JOHN**

STREET ADDRESS **5 MOUNTAIN GATE**

CITY-ST-ZIP **COTO DE CAZA CA**

TITLE DELETE

NAME **CFO LOWE, ROBERT**

STREET ADDRESS **1005 MILES COURT**

CITY-ST-ZIP **ANAHEIM CA**

TITLE DELETE

NAME **S TANCAS, GEORGE**

STREET ADDRESS **28961 CALLE SUSANNA**

CITY-ST-ZIP **SAN JUAN CAPISTRANO CA 92675**

TITLE DELETE

NAME **AS HELDT, RICHARD W**

STREET ADDRESS **14 ST VINCENT**

CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **Secretary**

4.3 STREET ADDRESS **John H. Quinn, Jr.**

4.4 CITY-ST-ZIP **9900 Alto Drive**
La Mesa, California 91941

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE _____ DATE **1/19/98 (800) 424-9722**

CR2E034 (10/97)