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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005896 (5)**

1. Corporation Name

OAKMONT MORTGAGE COMPANY, INC.



Principal Place of Business

**SUITE 260
21800 BURBANK BLVD.
WOODLAND HILLS CA 91367**

Mailing Address

**SUITE 260
21800 BURBANK BLVD.
WOODLAND HILLS CA 91367**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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

FL 85 Zip Code

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

Signature (Type or print name of registered agent last 10 days)

Signature (Type or print name of corporation last 10 days)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PC
WISE, JOHN R
21800 BURBANK BLVD. SUITE 260
WOODLAND HILLS CA 91367
V
LEONARD, BRIAN
21800 BURBANK BLVD. SUITE 260
WOODLAND HILLS CA 91367
ST
DESCHAMPS, GAIL K
21800 BURBANK BLVD. SUITE 260
WOODLAND HILLS CA 91367
VB
WISE, JOHN R JR
21800 BURBANK BLVD. SUITE 260
WOODLAND HILLS CA 91367
V
WISE, MICHAEL
21800 BURBANK BLVD. SUITE 260
WOODLAND HILLS CA 91367
V
KELLER, MARK A
21800 BURBANK BLVD, STE 260
WOODLAND HILLS CA

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE
6. NAME
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96. CITY- ST- ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY- ST- ZIP

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)(k), 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: *Mark A. Keller* Mark A. Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

818-595-1500

Day

Daytime Phone

CR2E034 (12/95)