

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 # **F95000002896 (7)**

1. Corporation Name

~~MOK FINANCIAL SERVICES, INC.~~

Accredited Home Lenders, Inc.

12.12.95



Principal Place of Business

10968 VIA FRONTERA
SAN DIEGO CA 92127

Mailing Address

10968 VIA FRONTERA
SAN DIEGO CA 92127

2. Principal Place of Business

2a. Mailing Address

21 15030 Ave. of Science,

26 15030 Ave. of Science,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 San Diego, CA

28 San Diego, CA

Zip Country

Zip Country

24 92128 25 USA

29 92128 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1995

3a. Date of Last Report

4. FEI Number

33-0426859

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KONRATH, JAMES A	
STREET ADDRESS	10968 VIA FRONTERA	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCKEWON, RAY W	
STREET ADDRESS	10968 VIA FRONTERA	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFF, ROBERT	
STREET ADDRESS	18552 MAURTHA DR., #400	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUER, JAMES	
STREET ADDRESS	12011 SAN VICENTE	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15030 Ave. of Science, #100
1.4 CITY-ST-ZIP	San Diego, CA 92128
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15030 Ave. of Science, #100
2.4 CITY-ST-ZIP	San Diego, CA 92128
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	18552 MacArthur Blvd., #400
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	700001787787
4.4 CITY-ST-ZIP	-04/21/96--01001--005 ***200.00
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Martin Harding
5.3 STREET ADDRESS	3 World Financial Center
5.4 CITY-ST-ZIP	New York, NY 10285
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D John M. Robbins, Jr.
6.3 STREET ADDRESS	17444 Circa Oriente #499
6.4 CITY-ST-ZIP	Rancho Santa Fe, CA 92067

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 in an attachment with an address.

SIGNATURE:

James A Konrath

James A Konrath President

4/12/96 (619) 679-0319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)