

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

FILED
Apr 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
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DOCUMENT # F95000002896 (7)
 1. Corporation Name
ACCREDITED HOME LENDERS, INC.



Principal Place of Business 15030 AVE. OF SCIENCE SUITE 100 SAN DIEGO CA 92128	Mailing Address 15030 AVE. OF SCIENCE SUITE 100 SAN DIEGO CA 92128-3404
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3. Date Incorporated or Qualified 06/15/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 33-0426859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KONRATH, JAMES A
STREET ADDRESS	15030 AVE. OF SCIENCE, #100
CITY - ST - ZIP	SAN DIEGO CA 92128
TITLE	ST <input type="checkbox"/> DELETE
NAME	MCKEWON, RAY W
STREET ADDRESS	15030 AVE. OF SCIENCE, #100
CITY - ST - ZIP	SAN DIEGO CA 92128
TITLE	D <input type="checkbox"/> DELETE
NAME	HOFF, ROBERT
STREET ADDRESS	18552 MCARTHUR BLVD., #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	D <input type="checkbox"/> DELETE
NAME	HARDING, MARTIN
STREET ADDRESS	3 WORLD FINANCIAL CENTER
CITY - ST - ZIP	NEW YORK NY 10285
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBBINS, JOHN M.
STREET ADDRESS	17444 CIRCA ORIENTE, #499
CITY - ST - ZIP	RANCHO SANTA FE CA 92087

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *James A. Konrath* **James A. Konrath, President** 3/31/ (800) 47 690-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)