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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006372

1. Corporation Name
OAKMONT MORTGAGE COPANY, INC.



Principal Place of Business 21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS CA 91367	Mailing Address 21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS CA 91367
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-4249786	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WISE, JOHN R	
STREET ADDRESS	21800 BURBANK BLVD., SUITE #200	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAVETZ, NORMAN J	
STREET ADDRESS	6320 BURBANK BLVD., SUITE #200	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMPSON, BRYAN	
STREET ADDRESS	21800 BURBANK BLVD., SUITE #200	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DESCHAMPS, GAIL K	
STREET ADDRESS	21800 BURBANK BLVD., SUITE #200	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WISE, JOHN R., JR.	
1.3 STREET ADDRESS	21800 Burbank Blvd, Suite #200	
1.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEONARD, BRIAN	
2.3 STREET ADDRESS	21800 Burbank Blvd., Suite #200	
2.4 CITY-ST-ZIP	Woodland Hills, Ca 91367	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WISE, MICHAEL A.	
3.3 STREET ADDRESS	21800 Burbank Blvd., Suite #200	
3.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROWN, Madeline	
4.3 STREET ADDRESS	21800 Burbank Blvd., Suite #200	
4.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KOCH-VENTRE, Marion	
5.3 STREET ADDRESS	21800 Burbank Blvd., Suite #200	
5.4 CITY-ST-ZIP	Woodland Hills, CA 91367	
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 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, with all other like empowered.

SIGNATURE:  John R. Wise, President 1/13/99# (818) 595-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)