

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3: 02

DOCUMENT # F41309 (8)

1. Corporation Name
WESTERN FINANCIAL CAPITAL CORPORATION

Principal Place of Business
**18301 BISCAYNE BLVD
2ND FLOOR SOUTH, GREAT WESTERN BANK BLDG
N MIAMI BEACH FL 33160
US**

Mailing Address
**18301 BISCAYNE BLVD
2ND FLOOR SOUTH, GREAT WESTERN BANK BLDG
N MIAMI BEACH FL 33160
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/20/1981** 3a. Date of Last Report **04/04/1994**

4. FEI Number **63-0785825** 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ROSEMORE, FREDRIC M
18301 BISCAYNE BLVD 2ND FLOOR SOUTH
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd. Ste. 435 S

83

84 City **Hollywood** FL 85 Zip Code **33021**

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 **D**

NAME **GREENBERG, MARTHA R.**

STREET ADDRESS **UNDERWOOD RD AT 43 N HWY**

CITY - ST - ZIP **RUSSELLVILLE, AL 00000**

TITLE **VD**

NAME **ROSEMORE, LANCE B.**

STREET ADDRESS **18301 BISCAYNE BLVD 2 FL**

CITY - ST - ZIP **N. MIAMI BEACH FL**

TITLE **VD**

NAME **ROSEMORE, FREDRIC M**

STREET ADDRESS **18301 BISCAYNE BLVD 2 FL**

CITY - ST - ZIP **N MIAMI BCH, FL 00000**

TITLE **PD**

NAME **ROSEMORE, ANDREW**

STREET ADDRESS **18301 BISCAYNE BLVD 2 FL**

CITY - ST - ZIP **N MIAMI BCH, FL 00000**

TITLE **D**

NAME **ROSEMORE, MARION**

STREET ADDRESS **18301 BISCAYNE BLVD 2ND FLR**

CITY - ST - ZIP **N MIAMI FL**

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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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)(b), Florida Statutes. I further certify that the information included 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 13 if changed, as an attachment with an address.

SIGNATURE: *Lance B. Rosemore* **Lance B. Rosemore** 1-31-95 214-380-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number