SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 AUG 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003921 (3)

1. Corporation Name

WESTMARK MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
535 ANTON BLVD., STE 500 COSTA MESA CA 92626	535 ANTON BLVD., STE 500 COSTA MESA CA 92626

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report: 08/11/1995
4. FEI Number: 95-3371923 ☐ 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
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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: BARBARA NOLA
82 Street Address (P.O. Box Number is Not Acceptable): 355 NE 5th AVE
83 SUITE #4
84 City: DELRAY BCH FL 85 Zip Code: 33483

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] Barbara Nola 8/1/96
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	MARK SCHAFTLEIN (PD)	☒ Change ☒ Addition
NAME	MORRELL, MICHAEL		1.2 NAME	[redacted] 3900 NE 18th AVE #19	
STREET ADDRESS	700 WRIGHT WAY		1.3 STREET ADDRESS	FT. LAUDERDALE FL 33304	
CITY-ST-ZIP	GULFSTREAM FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	CLARK, NATASHA		2.2 NAME	BARBARA NOLA	
STREET ADDRESS	10460 BOYNTON PLACE CIRCLE		2.3 STREET ADDRESS	12348 WESTHAMPTON CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	☐ DELETE	3.1 TITLE	SECRETARY (SD)	☒ Change ☐ Addition
NAME	GARDNER, ALBERT		3.2 NAME	LESLEY GOUGH	
STREET ADDRESS	19355 TURNBERRY WAY		3.3 STREET ADDRESS	1037 DIAMONDHEAD WAY	
CITY-ST-ZIP	AVENTURA FL		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, LINDA		4.2 NAME	500001941095	
STREET ADDRESS	360 HORSECREEK DRIVE		4.3 STREET ADDRESS	-09/06/96--01047--008	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	****225.00 ****225.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	9/05/96	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Barbara Nola 8/1/96 (407) 243-8010 X13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #