

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

FILED
Jun 03 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 # **F94000003921 (3)**

1. Corporation Name

WESTMARK MORTGAGE CORPORATION

Principal Place of Business

**535 ANTON BLVD., STE 500
COSTA MESA CA 92626**

Mailing Address

**535 ANTON BLVD., STE 500
COSTA MESA CA 92626-7167**



2. Principal Place of Business		2a. Mailing Address	
21 180 N RIVERVIEW STE 230	26 355 NE 5TH AVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27 Ste 4		
City & State		City & State	
23 ANAHEIM HILLS, CA	28 Delray Beach FL		
Zip	Country	Zip	Country
24 92808	25 US	29 33483	30 US

3. Date Incorporated or Qualified 07/27/1994	3a. Date of Last Report 08/28/1996
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	

9. Name and Address of Current Registered Agent

**NOLA, BARBARA
355 NE 5TH AVENUE
SUITE 4
DELRAY BEACH FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

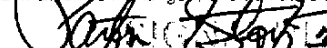
TITLE	PD	☐ DELETE
NAME	SCHAFTLEIN, MARK	
STREET ADDRESS	3900 NE 18TH WAY, #19	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VP	☒ DELETE
NAME	CLARK, NATASHA	
STREET ADDRESS	10480 BOYNTON PLACE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	☐ DELETE
NAME	NOLA, BARBARA	
STREET ADDRESS	12348 WEST HAMPTON CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	☒ DELETE
NAME	GOUGH, LESLEY	
STREET ADDRESS	1037 DIAMONDHEAD WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ 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	PRESIDENT	☐ Change ☒ Addition
5.2 NAME	PAYTON STORV III	
5.3 STREET ADDRESS	17069 1ST ST EAST	
5.4 CITY-ST-ZIP	NORTH REDDINGTON BEACH FL 33798	
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 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

 **PAYTON STORV III** 5/20/97 561-243-8010

CR2E034 (9/96)