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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 92626-7167

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

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

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	10. Name and Address of New Registered Agent
NOLA, BARBARA 355 NE 5TH AVENUE SUITE 4 DELRAY BEACH FL 33483	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	SCHAFTLEIN, MARK		1.2 NAME		
STREET ADDRESS	3900 NE 18TH WAY, #19		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, NATASHA		2.2 NAME		
STREET ADDRESS	10460 BOYNTON PLACE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOLA, BARBARA		3.2 NAME		
STREET ADDRESS	12348 WEST HAMPTON CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOUGH, LESLEY		4.2 NAME		
STREET ADDRESS	1037 DIAMONDHEAD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME			5.2 NAME	PAYTON STORY III	
STREET ADDRESS			5.3 STREET ADDRESS	17069 1ST ST EAST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NORTH REDDINGTON BEACH FL 33798	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] PAYTON STORY III 5/20/97 561-243-8010