

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 180 N RIVERVIEW STE. 230 ANAHEIM HILLS CA 92808 US	Mailing Address 355 N.E. 5TH AVE STE. 4 DELRAY BEACH FL 33483 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 355 N.E. 5th Avenue Suite, Apt. #, etc. 22 Suite 4 City & State 23 Delray Beach, FL Zip 24 33483 Country 25 USA		2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date incorporated or Qualified 07/27/1994 4. FEI Number 95-3371923 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 the registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	CEO SCHAFTLEIN, MARK 3900 NE 18TH WAY, #19 FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	217B Gleason Street Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	P STORY, PAYTON I 17069 1ST ST EAST NORTH REDDINGTON BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	961 Jasmine Drive Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	T NOLA, BARBARA 12348 WEST HAMPTON CIRCLE WELLINGTON FL 33414	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Sr. VP Finance & Admin/Sec.
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Treasurer/CFO Irving H. Bowen 333 Sunset Drive, Apt 407 Delray Beach, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

CP2E034 (10/97)